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ABSTRACT

The proceedings of the First National Home Start Conference are presented, based on reports of the sessions and activities of the meeting which was aimed at strengthening and supplementing child development in the home. Topics discussed include parent education, toy lending libraries, use of television, contributions of Head Start, early reading, bilingual education, Montessori resources, nutrition and health, Home Start as a force for social change, and staff roles. Reactions to and evaluation of the conference are also included, along with citations of media coverage, exhibitions, films, the keynote address, and a list of participants. (LH)

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U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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report of

FIRST NATIONAL HOME START CONFERENCE

St. Louis, Missouri
April 3-7, 1972

Prepared by
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Home Start Program Associate

PS 005796

Foreword

This report attempts to "tell it like it was" at the First National Home Start Conference, through a journalistic reporting of the many sessions and activities that occurred during the week of April 3-7, 1972, in St. Louis, Missouri.

The report was written by Home Start Program Associate Mrs. Sherry Kapfer and is based on more than 400 pages of notes she and Mrs. Christine Harris took during the Conference. All Conference photographs were taken by Mr. Ed Kapfer, Jr.

We have tried to make the report both readable and useful. We want it to serve not only as a memento of a wonderful Home Start week, but also as a reference and resource for further Home Start efforts.

Our thanks go to Mr. Richard Orton, Mrs. Christine Harris, Mrs. Mary Washburn, Mr. Oscar Lott, Dr. Esther Kresh, Mrs. Deria Moore, and Miss Linda Fox for their helpful comments and assistance in editing the manuscript.

Ruth Ann O'Keefe

Ruth Ann O'Keefe, Ed. D.
Director
Home Start
May 5, 1972

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Zigler Greets Participants at Home Start Conference

Dr. Edward Zigler, Director, Office of Child Development, was unable to attend the Conference personally and sent the following letter, which appeared in the Home Start Conference Program.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD DEVELOPMENT

GREETINGS TO ALL PARTICIPANTS, HOME START NATIONAL CONFERENCE, ST. LOUIS

The opening of this conference heralds another major step in the nation's march toward better development of our children in the early years of life. Great strides, of course, have already been made in providing more programs for comprehensive child development at Head Start and other community centers. But we are at least equally committed to strengthening and supplementing child development in the home. And I see in your presence at this conference clear evidence that each of you shares this commitment---to the successful development of children through the education, security, good health, and love that parents may provide to their own children in their own homes.

We in OCD, together with other organizations and individuals, some of whom are attending this conference, have devoted considerable time and effort to the task of preparing the Home Start plan. Even so, it is only a plan---a plan for a national, experimental and demonstration program of manageable size. It is now your responsibility to test the plan by transforming it into the reality of an operating program.

Although we have furnished you with some guidelines, they are not set in concrete. What you do this year will only be a good foundation for doing something better next year. We are looking to you, and to the participating families, to produce better ideas and working models. This means you will have a great deal of freedom to experiment and innovate.

Therefore, I send you no dicta, no admonishments, and only three suggestions: First, I think you should be well-prepared for finding that your greatest challenges may not be to locate and obtain suitable materials, or to decide on effective techniques for use by the parents with their children, as important as these may be---but rather how to gain the confidence of the parents.

Second, it is not likely that a complicated or high-pressure approach will find enthusiastic acceptance; parents can be quickly frustrated and discouraged if they find themselves in a morass of materials and procedures.

Finally, careful, regular, and thorough written documentation of your experiences, progress, gains, successes, difficulties, and failures is going to be immensely important when the time is on us to complete the evaluation phase and make decisions about the future directions for Home Start.

In closing, I want to take this opportunity to congratulate you on the excellent work you have done in preparing for the operation of the 15 Home Start programs that are to be inaugurated this year. I will certainly be one among a great many who will be following your work with intense interest.

Sincerely,
Edward Zigler
Director

O'Keefe Launches Conference

In her opening remarks at the First National Home Start Conference, held April 3-7, 1972 in St. Louis, Dr. Ann O'Keefe noted that attendees represented a diverse mix of pioneers in the home visiting field. They included representatives from the 15 Office of Child Development-funded programs, representatives from other home-based programs, OCD Regional Representatives, OCD Headquarters staff, specialists in early childhood education, State and Regional Training Officers, Head Start and Home Start parents, evaluation contractors, exhibitors, and guests.

After welcoming these conference participants, Dr. O'Keefe briefly described the history of the OCD Home Start effort.

In September 1971, Dr. O'Keefe was loaned by the Appalachian Regional Commission to the Office of Child Development as Acting Director for Home Start. In October a planning conference was held in Washington to discuss tentative plans for Home Start and assist in formulating Home Start *Guidelines*. The official Home Start *Guidelines* were written in November. By December, 15 programs had been nominated to receive OCD funds, and representatives from these programs met in Chicago to discuss preparation of their proposals.

In January of 1972, the 15 programs submitted finished proposals, which were reviewed in Washington, D.C. by a panel of OCD Headquarters and Regional staff members and several consultants. Grants processing began in February and March and, as of April 3, 1972, more than one-half of the fifteen programs had received their funds.

Dr. O'Keefe, noting that Home Start was 7 months old, compared it with a premature baby, both still in need of the help of an incubator and lots of tender, loving care in order to survive.

In closing, she remarked that although the job of a Home Start home visitor requires competencies in a great many areas (education, child-rearing, nutrition, etc.), so does the job of a mother. She added she was confident that Home Start's home visitors would be prepared to handle their jobs with skill, warmth, and dignity.

Orton Says Head Start 'Renewal' Plan Will Include Home Start

The Head Start Program will undergo an extensive 3-year "renewal" process during the next few years, according to Mr. Richard Orton, Director, Bureau of Head Start and Child Service Programs for the Office of Child Development, Washington.

In his keynote address April 3 at the National Home Start Conference in St. Louis, Mr. Orton said that as a result of a recently completed extensive review of the Head Start Program, a major effort will be undertaken to shift the focus of each local Head Start from a "program with many centers" to a "center with many programs."

Due to these research findings, the 3-year plan to improve Head Start includes the following major points: (1) improving the current program and examining standards for each program component, (2) gradually allowing and encouraging more flexibility and options to local programs, and (3) expanding the number of experimental programs (such as Health Start, Home Start, programs for the handicapped, etc.).

Head Start, he said, would take on a greater role of information gathering and dispensing telling local programs what kinds of services have worked successfully, so they can select their means of delivering these services wisely.

"Within that context, Home Start can be one of many available program choices," Mr. Orton continued. "Home Start won't supersede Head Start; it won't grow swiftly and die; it probably won't expand dramatically as a demonstration program; and it will not be a massive Federal intervention into what is essentially a family responsibility. It can, however, be an effective way to work with families and to help families do a better job when they so choose."

The research review, based on almost 350 monitoring reports and Census Bureau data for 1967-69, indicated that, by and large, a creditable job has been done so far to achieve Head Start objectives, Mr. Orton said. On the other hand, it showed that in some Head Start programs, certain services were not being delivered with the quality and comprehensiveness desired, and there were definite indications that Head Start was becoming too orthodox or getting into a rut, he added.

"With the current state of our knowledge of how children grow and develop, it is hard to synthesize an optimum developmental process for children," Mr. Orton remarked. "However, Head Start is not sufficiently using the resources it has on hand. There should also be continuity for children enrolled in Head Start, once they leave the program."

For the complete text of Mr. Orton's address, see page 35.

Lally and Wescott Warn of Problems in Home Start

Dr. J. Ronald Lally, Director of Syracuse University's Childrens' Center, said he found eleven major problems in implementing home-based programs using home visitors.

In his April 3 presentation to the Home Start Conference, based on his experience with three home intervention programs (in Florida, Tennessee, and New York), Dr. Lally listed the following problems in home-based programs:

(1) Home visitors too often work with the child, rather than the parents.

(2) Home visitors often separate emotional and cognitive development, when in fact they should be integrated.

(3) Home visitors tend to be too rigid in the use of cognitive materials.

(4) Often home visitors are inclined to set up formal activities, rather than allowing for more informal give-and-take.

(5) Home visitors concentrate too often on reinforcing and rewarding the child and don't provide enough reward and enjoyment for the parents and siblings.

(6) The role of the home visitor is too narrowly defined in many cases; rather it should be broadly defined to allow the home visitor to be a parent advocate.

(7) Often dependency on the home visitors develops, when their goal should be to help the parents become more independent and self-sufficient.

(8) In many instances, the middle-class model of child-rearing is used exclusively, rather than attempting to assess the individual situation and strengths of each family.

(9) Home visitors too often are uninterested in evaluation when in fact they need to know what they have accomplished to help them do a better job.

(10) Home visitors should be allowed and encouraged to present their ideas of what should be included in their in-service training.

(11) The limits of home visit programs are often not defined well enough for home visitors so that they can help their families find the particular kind of service most relevant to family needs.

"As goals for home visitors," Dr. Lally said, "they should attempt to act as a support of, not a substitute for, families. In addition, they should consider the long-range as well as short-range goals of home intervention and try to bolster the *permanent* environment of the child, so if the funds are cut off or the program changes, the child will still benefit."

(For the complete text of Dr. Lally's speech, see page 38).

Following Dr. Lally's remarks, Mrs. Betty Wescott, Director of the OCD Home Start program in Fairbanks, Alaska, mentioned several problems that her Head Start program has encountered in attempting to include Home Start in its operations. High on her list were misreading of the Home Start *Guidelines*, finding problems in the ongoing program that should have been dealt with before, misunderstanding the guidelines for recruiting families into Home Start, difficulties in showing parents how to stimulate their children, and problems in helping children continue to gain after leaving the program and entering the school system.

"We also have several problems peculiar to Alaska," Mrs. Wescott explained. "We have many newly urbanized people, over half of whom are native Alaskan, and we must deal with a large matriarchy. Therefore, we must learn to accept the fact that there are many ways to organize a family using other structures than the accepted husband-wife team, and we must accept the family as it is. It is our hope that our paraprofessionals will bring the understanding necessary to do this to this task."

Paraprofessionals Cited as Superwomen

"Are we creating a group of paraprofessional superwomen as our home visitors?" asked Dr. Paul Vicinanza, OCD Home Start Representative, Region III. The question was posed in response to remarks by Dr. Lally and Mrs. Wescott on problems in home-based programs.

"Home visiting is indeed a difficult job; it requires skills, empathy, the ability to refer the family to proper services, and the capacity to act as an ombudsman for the entire family," said Dr. Vicinanza. "However," he added, "I'm sure our Home Start home visitors will, with proper training, be able to do all of these things."

Other panel members echoed these sentiments but combined optimism with caution regarding the potential problems and pitfalls of home visiting. Mrs. Juanita Harris, Head Start parent and member of the National Head Start Ad Hoc Steering Committee, stressed the importance of planning *with* the people who will be affected by the program.

Dr. Susan Gray, former director of the Tennessee Demonstration and Research Center for Early Education (DARCEE) program, urged home visitors to accept the parents as they are and to build a trusting relationship (rather than threatening a family's way of life) by using the three P's: Patience, Persistence, and Perspiration.

Mrs. Rose Margosian, OCD Home Start Program Director from Gloucester, Mass., mentioned that often parents don't know where to go for services, and that home visitors should help them feel that the program is a cooperative effort.

Mr. Tony Fitchue, Director of the New York Urban League's Community Education Information program, identified lack of funds, geographical difficulties, age limitations, salary levels, and attrition as problems in his program and emphasized the need for parents to get together for cross-fertilization of ideas.

Opinions varied in response to the question from the audience whether men applicants should be home visitors. Although several people felt that it was the *person* who counted, not his sex, others countered with potential problems when males visit mothers whose husbands are not present.

In discussing what to do on the first home visit, Mrs. Della Horton, home visitor from the DARCEE program, recommended that home visitors remember the importance of the *person* on the other side of the door, rather than worrying about what that person was thinking of the visitor.

When asked whether paraprofessionals made better home visitors than professionals, Dr. Lally responded that he was "sold" on paraprofessionals and that research to date verifies the importance of their use in this field.

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Frank Presents TV Pitfalls

Far from being a panacea, using TV as an adult education vehicle has its major problems, according to Mr. Boris Frank of the Rural Family Development (RFD) Program, Madison, Wisconsin.

In a presentation on April 4, prior to showing the film "The RFD System," Mr. Frank gave the following advice to those considering using TV in their programs.

(1) Don't think that TV is the only answer to your problems.

(2) Don't feel that personalized instruction and individual learning are the only methods to use; use as many different ones as possible.

(3) Don't be satisfied with the "it's good enough" theory; do it well.

(4) Don't use the "best" teacher on TV. Instead, combine teachers with professionals (actors, etc.) and communications experts; look for the best of each.

(5) Don't be a victim of the "it's too costly" pitfall. Even though color costs more than black-and-white, you can't place a dollar value on human resource developmer.

(6) Don't fall into the "one-way" trap. Viewers should *react* to TV programs, and you should have a feedback system for their reactions.

(7) Don't allow yourself to be enmeshed in the "sequential" trap. Developing programs which require people to progress in sequence from one program to the next isn't realistic because people often miss programs.

In addition to the use of films and TV, Mr. Frank suggested that a series of books, pamphlets, and brochures such as RFD puts out ("Me," "My House," and "My Money") are also useful as adult education tools.

Carmichael Calls TV Essential Part of AEL Program

Television was cited as one of three major components of the Appalachia Educational Laboratory (AEL) by Dr. Benjamin Carmichael, Director, in his April 4 address at the Home Start Conference. "We combine television successfully with parent involvement and group experiences for children," Dr. Carmichael said.

Before showing the film, "The Appalachia Preschool Education Program," Dr. Carmichael briefly outlined the history of the AEL program. Developed 5 years ago, the program began with a needs assessment which then was translated into a program for 3- to 5-year-olds. During the next three years, the program was field-tested, and finally last year, operational testing (under the control of the user) was initiated, and the descriptive materials and program guide were completed.

The AEL program currently uses daily TV lessons broadcast into the homes, one visit per week by a paraprofessional home visitor for feedback on the materials provided, and group instruction for children in a mobile classroom.

DARCEE Increases Children's Educability Through Parent Education

In his address (prior to his slide presentation on four parent-oriented programs) Monday evening, April 3, and in the special interest group sessions on Tuesday, April 4, Dr. Paul Dokecki, Director of the Demonstration and Research Center for Early Education (DARCEE), emphasized that the program's main goal is to "devise and then put into practice a program that will increase the educability of young children—i.e., their skills and attitudes necessary to deal with our complex society."

Work at DARCEE emphasizes two roles of the parents: (1) as teachers of their children, and (2) as behavioral change agents for families in general. Before parents can change any condition, however, Dr. Dokecki warned that they must feel that they *can* change things and must feel good about themselves.

What parent workers, or home visitors, can do with a parent depends on what the parent does with the child. Thus, the role of the parent worker (home visitor) as a teacher and change agent for the parent includes providing a model and encouraging the parent to learn by doing.

The program begins with skills the parent already possesses and gradually proceeds to more difficult skills. Finally, by the end of the program, the parent takes complete teaching responsibility and initiative in all areas.

In DARCEE's in-home program, mothers are given assignments to complete with their children. Younger siblings are encouraged to attend sessions with home visitors, so that "vertical diffusion" (the effect of learning that spreads within a family from mother to children) may take place. Use of pictures cut from magazines, story hours with mothers reading to children, sets of blocks selected according to color, plastic blocks to be threaded on string, picture-drawing, stacking pots and pans, etc. are examples of assignments the home visitors suggest for mothers to use with children.

The home visitor usually makes several initial visits to get to know the mother and let the mother get to know her. "As *colleagues*, they will pool their knowledge and their skills to help the child learn," Dr. Dokecki said, "and I can never overemphasize the importance of this mutual cooperation in effective home visiting. The home visitor must be a sensitive person who, by keeping her eyes and ears constantly opened, can adapt her plans according to the needs and schedule of the mother and child."

As home visitors conduct lessons, it's not uncommon for other children, even members of other families or neighbors, to enjoy the sessions. When children outside the family are affected and learning is spread within the immediate community, this is called "horizontal diffusion."

Mothers are encouraged first, to praise their children immediately and specifically whenever they do anything that the mother would like them to continue doing and second, to try as much as possible to ignore or redirect behavior which the mother would rather not have them repeat.

DARCEE also places emphasis on using home-made materials and toys that can be improvised from household items to foster development. Examples, Dr. Dokecki said, include juice cans filled with pebbles or paper clips to produce interesting sounds, stackable reusable containers, pictures scribbled on paper, a pull toy filled with milk bottles, and picture card file boxes filled with magazine pictures pasted on index cards.

"Home visitors generally present only one toy at a time to help children pay attention to one task at a time," DARCEE home visitor Mrs. Paula Goodroe commented. Some times outdoor activity is arranged to help small children explore their yards and gather leaves, sticks, rocks, grass, dirt, and flowers from the natural environment.

According to DARCEE home visitor, Mrs. Della Horton, all home visitors at DARCEE follow the P.I.E. scheme (plan, implement, and evaluate) to ensure that families are being helped to the fullest extent possible.

With regard to the use of paraprofessionals as home visitors, DARCEE's former Director, Dr. Susan Gray, said that "competencies, not credentials" are judged most important in the selection of staff. The group agreed that a long period of pre-service training is not nearly so effective as in-service training. Field experience was considered most important. It was suggested that the home visitor use a tape recorder immediately after she leaves the first few homes, so she can record her feelings, observations, and impressions of each family shortly after visiting them.

Florida Program Links Homes and Schools

The Florida Parent Education Program, as described by Dr. Malcolm Garber at the Home Start Conference on the evening of April 3 and in special interest groups on April 4, is taking steps to bring the home and school closer together.

As the film "Playing for Keeps" (which Dr. Garber introduced at the Conference) illustrated, the program, involving both homes and classrooms, uses parent educators (PE's) to act as liaisons between parents and teachers. In the homes, the PE's work closely with both parents and children. After determining how a child best operates at home, the PE's use this information to assist teachers in planning for and working with the child at school.

The basic philosophy developed by the head of the program, Dr. Ira Gordon, is that children are *people*, who learn through interacting with the surrounding environment–i.e., by discovering–and that parents, as the first teachers of their children, should not only be taught how to teach more effectively, but should be used as a resource for developing better means of communicating with their children in the classroom.

The child's motivation stems from the internal satisfaction he derives from problem solving and meeting a personally accepted challenge, as well as from external motivation (such as rewards or encouragement from parents).

Improving self-concept is a large part of Dr. Gordon's program. Feeling good about accomplishments enables children to accomplish more, and the experience a parent derives from successfully teaching his children makes him feel better himself. Thus, the program emphasizes the importance of developing a wholesome self-concept in both parents and children.

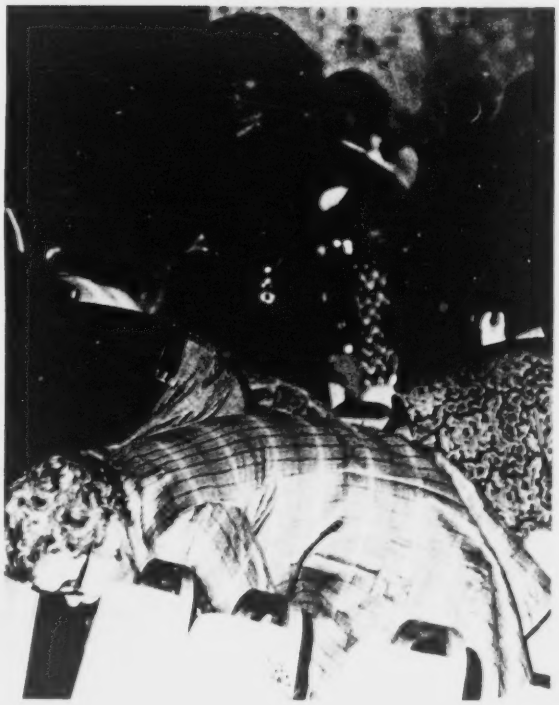
Parents are also encouraged to participate in classroom situations by doing the same type of things that PE's and teachers do, Dr. Garber said. A specific curriculum is designed by the parents, PE's, teachers, some task specialists, and the community Policy Council. Although curricula vary from community to community, the program emphasizes the importance of visiting the home of each child every week with a task that helps the parents teach the child to think.

A check list called the Parent Educator Weekly Report is used for evaluating every home visit made by every PE each week. This, said Dr. Garber, allows PE's, teachers, and the Florida program staff to examine activities for immediate feedback and make necessary corrections in the program.

The Florida Parent Education Program has attempted to build on strengths of both the home and school. "In a sense," concluded Dr. Garber, "it has called forth the best aspects of both the home and school in the continuing war on poverty."

Participants at the conference gather on the floor to play with toys from the Toy Lending Library, Berkeley, California. During the conference, a number of programs decided to incorporate this concept into their programs.

Dr. Betty Tuck of the Toy Lending Library generates enthusiasm for the "Heads, Shoulders, Knees, and Toes" routine prior to showing her film, "Learning and Growing and Learning."



New Approach Method Strengthens Families

In a presentation and special interest group session on Tuesday, April 4, Mr. Gregory Simms, Executive President, explained that his program, the New Approach Method, is designed to strengthen families both internally and in relationships with other families.

Mr. Simms developed the program (which caters specifically to black families) to teach his own son to read, but he stressed that it is not merely an early reading program. The program, which includes 84 lessons, is also designed to increase the educational level and awareness of children.

Mr. Simms has published a handbook which can be used either in support of the program or as a guide, independent of the program. Noting that 40 percent of his staff now have children in the program, Mr. Simms emphasized that the program was created by black families, for black families.

Following his talk, Mr. Simms showed the film "Good Times," named after a book of black poetry written by Lucille Clifton.

Experts Recommend Using TV in a Home-Based Program

Dr. Benjamin Carmichael, Director of the Appalachia Educational Laboratory, cited two major concerns in the Tuesday, April 4, special interest group on the use of TV in home-based programs. The first is the difficulty in securing preschool programs with *quality*; usually, he said, you don't get quality immediately but must use the trial-and-error method. He added that it is also difficult to decide what area to cover—the state or region.

The second problem, he said, is how to make conventional patterns of education fit such a region. Dr. Carmichael also wondered if TV should be a totally separate educational approach. He observed that, in his program at least, it is extremely important to use more than one approach.

"The home visitor is an essential ingredient, but you also need instructional input," Dr. Carmichael asserted. "If you eliminate either TV or the home visitor from the program, you don't get any improvement."

Dr. Carmichael also urged strongly that mobile classrooms be purchased for use in rural areas. At a cost of $20,000 per classroom, Dr. Carmichael said, the mobile classroom, which holds up to 21 youngsters, costs roughly the same amount as a regular classroom and eliminates problems of busing children to it, trying to equip several different regular classrooms completely, or trying to instruct home-by-home (which becomes very expensive).

Mr. Boris Frank of the Wisconsin Rural Family Development program, the other resource person for the special interest group, added that the delivery system is most important. "The *way* you say something is as important as what you say," Mr. Frank said. "Therefore, we should also consider the use of video cassettes, cable TV, films, slides, publicity, and the use of existing programs."

Mr. Abe Gainer, from the Children's Educational TV Workshop, said that programs already developed, such as Sesame Street, can be seen by anyone who has a TV set, and could be used in conjunction with home visiting programs. He added that Sesame Street also has provided supplementary materials that can be used with or without the television program.

Dr. Carmichael mentioned that, in some cases, parents whose children went to mobile classrooms may have shirked their duties because they "thought they didn't have to teach their children since the children were already going to school." Evidence of this is not conclusive, he added, but merely suspected.

Mr. Frank warned against creating a center-school with groupings that can be threatening. He advised use of a one-to-one relationship between home visitor and parent, so that the parent could build up his confidence with the home visitor, until he was ready to meet others in the program.

Early Reading for Home Starters?

The special interest group on Early Reading on Wednesday, April 5, held a spirited discussion of the pros and cons of teaching a child to read before he reaches school age.

Two major questions addressed were: (1) should Home Start programs have a reading component, and (2) what is the best way to expose a child to reading?

Mr. Howard Lesnick of Education Turnkey Systems, Washington, D.C., said many teachers have become interested in teaching children to read before they enter school. He added that a number of materials and programs are available to help parents teach beginning reading skills to their own children at home.

Mr. Gregory Simms, Executive President of NAM (New Approach Method), felt that existing services were not enough and told of his son's inability to read which triggered development of the NAM program. He recommended that tape recorders (with pre-taped instructions) be used like a game to teach children to read.

Mr. Simms' program consists of 84 lessons which the parent tapes for his child. These tape-recorded lessons are used with work sheets and other materials such as the "What If?" series of books. There are also 31 pre-reading lessons for children weak in pre-reading skills. Parents and children are encouraged to amend and change the texts and scripts to suit their own needs and situations.

Reactions of parents and teachers to early reading pose a dichotomy, Mr. Simms said. The teachers complained that children were misbehaving, he said, and the mothers admitted that the children hated school, but they emphasized that they loved learning to read.

Mrs. Dorothy Rich, of the Home and School Institute, Washington, D.C., said that it is possible to teach a 3-year-old to read in such a way that he thoroughly enjoys the experience. Mr. Lesnick added that he felt teaching a child to read was part of the normal process of skill development.

Points debated included the extent to which early reading prevents later school failure, the varying degree of importance parents place on reading, and how to determine when a child is ready to read.

Mr. Reginald C. Orem, moderator for the group, submitted the following group recommendations for Home Start:

(1) There are a number of early reading programs available; thus there is no need to "start from scratch". These programs should be looked at and critiqued in terms of their applicability for utilization in Home Start.

(2) Other content areas, in addition to reading, should be looked at, to see what programs, packages, or curricula might be appropriate for Home Start.

(3) Local Home Start programs should investigate parent attitudes and interest regarding early reading and inform parents regarding the availability of early reading as an option for Home Start.

Advisory for Open Education Offers Workshops

High interest was generated by the special interest groups featuring the Advisory for Open Education on Wednesday and Thursday, April 5 and 6, at the Home Start Conference. Dr. Allan Leitman and Mrs. Judith Albaum combined films, slides, and discussions to present their workshop approach, famous for helping parents and teachers develop ways of teaching young children. The film, "Making Things to Learn," showed how parents can make things inexpensively at home.

Dr. Leitman discussed ways in which the objectives for Home Start were similar to those for parents and home visitors and suggested the use of workshops for attaining these objectives. "My basic philosophy," Dr. Leitman said, "is to be a scrounger and collect waste products. We try to work with people, gather ideas, and help people make what they *want* to make."

Workshops, funded for the last five years by Head Start, will be open to Home Start program directors for no fee. Workshops are located in New York, Los Angeles, Denver, Philadelphia, and Boston. Several are open in the evenings. Dr. Leitman said that a person could easily spend from 1 week to 1 month in a workshop, but that even a day or two would be beneficial and spark many ideas.

"By helping people look at the world around them and build for themselves, we can also change their feelings about themselves," Dr. Leitman concluded. "We need to get away from pre-packaged toys and the traditional structure adults operate in psychologically. People can't come in as experts; they should come in as learners in order to benefit from their experiences."

Witt Emphasizes Parent Involvement

Dr. George Witt, Executive Director of the Life Enrichment Activity Program, New Haven, Connecticut, discussed the importance of parent involvement in home-based programs in his special-interest group on Wednesday, April 5.

From his experience with the LEAP program, which focuses on children aged 0-3, Dr. Witt said that the home visitor should be an advocate, ombudsman, and referral service for parents and should focus on emphasizing to parents the importance of infant development.

The group agreed that no previous experience, work, or study is a prerequisite to becoming a home visitor, but that bilingual families should have bilingual home visitors.

"Each family is unique and private," Dr. Witt said. "A home visitor's job should be to facilitate community involvement and organize group activities for parents. Because the parents fully control their families, parental *control* is not what Home Start is all about. Rather, Home Start should seek to *involve* parents to the greatest extent possible in facilitating their children's development."

For non-OCD Home Start programs, Dr. Witt mentioned two possible references for funding sources: (1) the *Foundation Directory* (available in the reference room of most city libraries), and (2) the *Catalog of Federal Domestic Assistance* (available from the Government Printing Office, Washington, D.C.).

Sister Mary Loyola of the Xavier University, New Orleans, Louisiana, Home Start program (non-OCD) had a complete program planned for the special interest group she led. In addition to showing the film "Home Start in Action," she arranged for small group discussions within her special interest group and provided color-coded badges for her guests.

The Xavier University Home Start program, which was begun in 1968, has three Home Start centers in operation. These centers are reaching over 900 children through a teaching staff made up of 30 aides and three coordinators.

Home visitors emphasize the use of cost-free materials, such as pictures of everything from artichokes to zebras, colored squares and different shapes of paper, pictures cut apart to make puzzles, etc.

Eyster Upholds Parent Education

"Parent education, for whatever purpose, has significant effects upon child-rearing practices, early childhood education and achievement, motivation and performance of children and youth in schools . . . and may be the nation's only hope to intervene in the poverty cycle among so many of our minority, isolated groups," said Mr. George Eyster, Executive Director of the Appalachian Adult Education Center, Morehead, Kentucky.

In his Kentucky-based program, Mr. Eyster has attempted to demonstrate that adult basic education improved the practices of educationally disadvantaged people in Appalachia (those physically and socially isolated by mountains and unique life styles).

In a long-range follow-up study regarding the effects of adult basic education (ABE), not only were remarkable economic gains noted, but many of the adult participants experienced distinct attitudinal and behavioral changes and higher achievement rates when they became involved in the ABE program.

The home component of one Appalachian Adult Education Center program in Ohio is currently trying to determine the feasibility of parent-directed early childhood education activities in homes with young children, he said. As a part of the home instruction, parents receive training and assistance in preparing their children to enter school. Data collected to date indicate that parents feel home instruction has helped them work with their children, believe that children are benefitting from the program, and have increased interest in reading to their children and purchasing educational toys for them.

Mr. Eyster also touched briefly on community education during the special interest group session he conducted April 5. He encouraged the use of community schools to provide educational programs for all people.

Head Start Parents Acclaim Family Strengths

"In pioneer days, parents had a *vote* in where the school would be, what the curriculum would be, who the teacher would be, etc. The cycle is now recycling," said Mrs. Lola Rhem, Chairperson of the National Head Start Ad Hoc Steering Committee. "After all of our recently acquired expertise in the educational field is taken away, family strengths still remain. The dignity of the family and the strengths of its members must be recognized."

Speaking to a special interest group for Home Start and Head Start parents on April 5, Mrs. Rhem, a former Head Start parent, emphasized the importance of parent involvement in the Home Start program from the program's inception. Hoping for stronger parental involvement in Home Start because the program is new, Mrs. Rhem urged the group to learn from past experiences and realize mistakes that had been made in earlier programs.

"To be a good parent and educator is not totally the responsibility of the school," Mrs. Rhem said. "Tools of your own can help your children. By helping one child, you strengthen the whole family, and by helping the whole family, you effect changes in others."

The group agreed that although the means of implementing child-rearing may differ, the underlying reason for doing it is the same—namely, a love for children. "Whether 'fancy' toys or simple pebbles are a child's playthings, a child learns from love," added Mrs. Juanita Harris, also a member of the National Head Start Ad Hoc Steering Committee.

In Home Start, the group felt that improvement of parental self-image must be a major concern. "The parent is struggling for the dignity of being allowed to be part of a program such as this, and we must acknowledge this sensitivity and dignity, not spurn it," Mrs. Rhem added.

Charging that too often parent involvement is written down but not actually practiced, participants in the discussion argued for a strong career development program in Home Start and immediate clarification of the OCD Issuance I-30, 70.2 (Parent Policy Council Guidelines) with respect to Home Start.

Bilingual Education Program Presented

One special interest group session at the conference dealt specifically with the bilingual approach to home intervention. Mrs. Toni Micotti, Project Manager, and Miss Helen Arriola, Pre-School Coordinator, moderated the group on the Spanish Dames School's Bilingual Education Project.

Their presentation included background information, the project's objectives, the basic philosophy of ESEA (Elementary and Secondary Education Act of 1965) Title VII projects (bilingual, bicultural programs), training of paraprofessionals, and bilingual curriculum developed by the project for 3- and 4-year-olds.

The session included a slide presentation depicting the daily routine of home tutors, field trip experiences, daily planning and evaluation sessions with home tutors, in-service training, and community participation.

To conclude the presentation, forms and materials developed by the project were distributed and a question-answer period was held.

Orem Lists Montessori Resources

Mr. Reginald C. Orem, author of seven books on Montessori, provided a diverse list of resources as interested participants questioned him about the use of Montessori in Home Start programs on Thursday, April 6.

After tracing the history of the Montessori concept from the first book written on the subject (by its founder) in 1907 to the present 700 Montessori schools existing in the U.S., Mr. Orem recommended several books and possible sources of information on Montessori in the home. He recommended books by Mrs. Elizabeth Hainstock on Montessori in the Home (one for preschoolers and one for school-age children and both published by Random House, 201 E. 50th St., New York, N.Y. 10022). Mr. Orem also suggested writing to the American Montessori Society at 175 5th Avenue, New York, N.Y., contacting his own publisher (G.P. Putnam's Sons, 200 Madison Avenue, New York, N.Y.), and checking the yellow pages in the phone book under "Schools–Montessori" for information.

(*Ed. note*: Two of Mr. Orem's books, *Montessori for the Disadvantaged* and *Montessori for the Special Child*, are especially good sources for information dealing specifically with exceptional children; these are also published by G.P. Putnam's Sons.)

Speaking of possible applications of Montessori to Home Start, Mr. Orem noted that the first Montessori school was set up in a home in a tenement development. Parents should learn much about the program through observation, he said.

Asked how Montessori differs from kindergarten, Mr. Orem cited the materials that Montessori offers. "The child comes into a total prepared environment in Montessori," Mr. Orem said. "Although this is not necessarily a *super*-structure, there is a structure to the philosophy, and each piece of equipment has a definite purpose and is generally self-correcting or self-teaching."

The sequenced structure in Montessori programs is for the purpose of not forcing a child to learn things too quickly, Mr. Orem said. One of its shortcomings, however, is a lack of interaction with the child and lack of verbal exchange with other children, he added.

The session closed with a showing of the film "Adventure in Learning."

PAR Stirs Up Recipes for Fun

Recipes for Fun is the name of the Parents as Resource (PAR) organization's activity booklet, and recipes were indeed exchanged at the special interest group session on Thursday, April 6, chaired by Mrs. Elizabeth Heller and Mrs. Betty Weinberger.

Showing how many everyday household items can be saved and turned into creative toys, the ladies used toilet paper tubes to make puppets, showed Santa Claus figures made from marshmallows, apples, and raisins, described how to make chimneys by painting milk cartons red, and even persuaded some of the male members of the group to don costumes made on-the-spot from newspaper and crepe paper (see photo)!

Using a small screw-top from a bottle, a toothpick, and a piece of paper cut in a triangular shape for a sail, a little boy was shown making a miniature boat during the slide presentation. Multiple uses for simple items such as paper towel tubes painted different colors, playdough, and crepe paper were illustrated.

The PAR *Recipes for Fun* booklet is available for $1.25 and contains many practical ideas for use with small children in the homes. The booklet may be obtained by writing to PAR Projects, 576 Hill Terrace, Winnetka, Illinois 60093.

Meal Times Should Be Happy Times

The importance of good nutrition, one of Home Start's main goals, was emphasized by Mrs. Deria Moore, Nutrition Program Specialist, OCD, Washington, at the Home Start Conference, Tuesday, April 4.

Mrs. Moore said goals for the nutrition component should include improving the nutritional outlook of parents, staff, and children; teaching mothers to serve balanced meals and snacks; stimulating mothers to develop good nutritional habits; involving parents in Food Assistance Programs and other available community resource programs; and improving children's skills of eating, using utensils, pouring beverages, serving themselves, assisting in preparing simple foods, and cleaning up after meals.

Highlights of the "ABC's" for good nutrition include showing acceptance and love for the child, no matter what he does; providing a balanced diet; serving small portions so the child won't have to be coaxed to eat; providing a relaxed environment for meals; and looking at the *total* child, so that feeding problems which may be associated with fear or other emotional problems can be detected. She suggested that new foods be served in small portions and that, in general, the ratio of one tablespoon per year of the child's age should be used for dishing out portions.

Mrs. Dorothy Wagner, Nutrition Director for the Delta Area Head Start in Missouri, said her programs attempt a four-part approach to nutrition: developing sound attitudes to food and good eating patterns, teaching children, teaching parents, and training the Head Start staff in good nutrition.

"Children should learn the concept that food is good and makes us look and feel better," Mrs. Wagner said, "and one of the best ways to give children a good nutritional outlook is to educate the parents."

In her area, Mrs. Wagner has instituted a series of nutritional classes for parents, showing them how to buy economically, how to prepare foods that are donated to them, how to plan menus, and how to make mealtimes happy. As part of their lessons, parents go on field trips to grocery stores to learn how to stretch their food dollars.

In the special interest groups on nutrition, a representative from Alaska who had previously been a nutrition aide told of her experiences in taking nutrition into the homes through movies, parent meetings, demonstrations, cluster groups, and one-to-one discussions. Mrs. Wagner emphasized the importance of special training in the nutrition field so that home visitors could relate nutrition to the family and suggested home economists and home economics teachers as local resource people.

Cultural differences and the use of substitutes (such as tomatoes, instead of oranges) were discussed.

The group also discussed the need to work with the community to increase resources to meet needs, as, for example, food stamps plus commodities. Home visitors were reminded to check whether other members of the family are receiving free lunches or breakfasts, food stamps, etc.

A nutrition resource specifically mentioned for obtaining nutrition publications was Dr. Daniel Rosenfield, Director of the Nutrition and Technical Services Staff, Food and Nutrition Service, U.S. Department of Agriculture, Washington, D.C. 20550. Home Start programs were also advised to contact their State University's Cooperative Extension Service to obtain resource materials.

Kresh Cites History of Evaluation for Home Start

In a meeting Thursday, April 6, with Home Start Program Directors, OCD Home Start Regional Representatives, and conference attendees, Dr. Esther Kresh, Home Start Evaluation Project Officer, outlined the history of the Home Start evaluation effort from its inception.

In late 1971, an in-house evaluation plan was designed. In mid-December, an advertisement was submitted to the *Commerce Business Daily* requesting submission of qualifying statements regarding organizations' demonstrated evaluation capabilities, field staff, prior work for national programs, and knowledge both of early childhood education and research designs.

Thirty-three organizations responded to this ad and 22 of the 33 were selected to submit proposals to the Office of Child Development.

A bidders' conference was held in February to answer questions of potential bidders for the evaluation contract, and in late February, twelve proposals were submitted for consideration. A panel (composed of Dr. Kresh, Dr. O'Keefe, OCD Assistant Regional Director, Mrs. Barbara Whitaker, several consultants, and two National Head Start Ad Hoc Steering Committee parents) held a three-day meeting, also in late February, to review these proposals according to 15 criteria established by OCD Headquarters. Proposals were rated as either acceptable or unacceptable on the basis of their technical content; the review panel did not see any cost figures on these proposals.

Three finalists were chosen and asked to submit addenda to their proposals, and of these three, High/Scope Educational Research Foundation was selected. (Abt Associates is a subcontractor to High/Scope, since the large workload and various skills required were considered too much for one firm.)

Home Start Evaluation Schedule and Recruitment Guidelines Announced

In meetings Tuesday, April 4, and Thursday, April 6, Dr. Esther Kresh, Office of Child Development Home Start Evaluation Project Officer, announced plans for Home Start's forthcoming evaluation schedule.

Representatives from High/Scope Educational Research Foundation, Ypsilanti, Michigan, and Abt Associates, Cambridge, Mass., will be responsible for two different types of evaluation, Dr. Kresh told OCD Home Start Program Directors and Regional Home Start Representatives.

The first-stage "formative" evaluation will be performed by Abt Associates. Set up to find out the process by which programs develop, this will entail 16 case studies, one for each of the 15 programs, plus one national study. The information they collect will be fed back to all programs so that each can improve itself as it goes along. Field visits will be made in late May and early June, 1972 to interview, recruit, and select potential testers for programs and to gather start-up data.

A one-week test training session will be held in mid-September, 1972, for the people selected as testers from the programs.

In October, the second site visit is planned, when one hour per child of actual testing will be conducted, as a means of "testing the tests." In addition, interviews will be held to collect baseline data on children and families for comparison purposes with other groups and no testing will be done till October, 1973.

By the end of October, 1972, case studies on the first 7 months of the program will be updated so that they can be distributed for all programs to find out what's happening in other programs.

Case studies will be returned to the High/Scope organization for review and a "How did we do" type assessment. This "summative" phase of the evaluation will attempt to evaluate Home Start's national goals.

A limited amount of formal, standardized testing will be used, but no standard IQ tests will be administered. Parent's expectations, self-concept, and skills as teachers will comprise important concerns of evaluators, too. A short questionnaire, which will be distributed to parents soon after they enroll in the program, will be used as part of the base-line data.

Later, questions such as "to what extent are programs meeting national and local objectives," "what common objectives are found across all programs," "how are parents improving as teachers," "are they using community resources," and "has their own self-image improved" will be asked.

Dr. Kresh stressed that the purpose of such questions is not to measure people, but rather to measure the program. No one working in the program will be allowed to serve as a tester or interviewer, to insure an objective evaluation.

In the first year, only nine programs will be used for testing. These sites will be selected in order to obtain as representative a sample as possible of programs (according to whether they're urban, rural, large, small, etc.).

Also during the first year, not all families at each of these nine sites will be tested. Families tested will be selected randomly as part of a representative sample.

The number of families and programs to be tested for the second year will depend on the amount of money allocated for evaluation. Due to the cost of evaluation, Dr. Kresh said, there may never be enough money for all sites or all families to be tested.

Dr. Kresh warned that programs must beware of people requesting permission to do research on programs. All such researchers must obtain clearance from Dr. Kresh and the Office of Child Development prior to initiating any research.

Recruitment Guidelines Clarified

Dr. Kresh also clarified guidelines for recruiting families into programs for Years 1, 2, and 3. To summarize these, in Year 1 a program must have (1) forty families with a target child who will enter school in September, 1973 and who will be out of the program by Year 2, in order to make forty slots available for new families in Year 2, and (2) hopefully, forty other families with a target child who will enter school in September, 1974, so that these families will remain in the program for two years. No family, regardless of the ages of its children, may remain in the Home Start demonstration for more than two years.

In Year 2, programs will recruit 80 new families with a target child entering school in September, 1975. Half of these families will be in Home Start in 1973, and the other half will act as a control group in 1973, but will be admitted to the Home Start program in 1974.

In Year 3, the previous year's control group of forty families will enter the program, but it is uncertain what steps will be taken to select the other forty families, because not enough is now known about the future of the Home Start program.

Gordon Teaches Parents to Talk to Kids

Dr. Thomas Gordon, President of Effectiveness Training Associates, Pasadena, California, told participants at the Home Start Conference Wednesday, April 5, that he can teach most parents in 6 hours to modify the way they talk to their children.

Concerned with the prevention of psychological problems in children and astonished by his own success with children as a clinical child psychologist, Dr. Gordon designed his Parent Effectiveness Training (P.E.T.) course in the early 1960's. The content of the course, based on an analysis of his own successful techniques in working with children, aims to teach parents these same techniques and thereby improve understanding and communication between them and their own children.

Roadblocks to Communication

According to Dr. Gordon, most parents use one of twelve ways of communicating with children, all of which are roadblocks to effective communication. This so-called "Dirty Dozen" includes the following familiar parental responses to the equally familiar example of "I'm having a terrible problem getting my homework done. It's so boring. I hate school. Everything is irrelevant and unrelated to what's going on today. I want to quit as soon as I'm old enough." Most parents, Dr. Gordon says, respond with messages such as:

1. "You must stay in school; I insist."	Ordering, directing, commanding
2. "If you don't finish school, you'll just be a bum without a job."	Warning, threatening
3. "You should be thankful, son, for the right to get an education."	Preaching
4. "Ken, there are some facts you've got to learn; high school dropouts earn 50 percent less than high school graduates."	Lecturing
5. "Take my advice, Ken, you should set up a schedule of two hours a night for homework."	Advising, offering solutions
6. "I think you're being rather immature and impulsive."	Negative evaluation, criticism
7. "Ken, you've always been such a fine student; you've got so much potential."	Positive evaluation, praise
8. "You're just rebelling against authority–going through a stage of asserting your own independence."	Psychoanalytic
9. "Go ahead, be a hippie. You're sounding like one of those lazy drug freaks."	Ridiculing; name-calling
10. "I had that problem myself when I was your age. You'll get over it. It's not that bad, really."	Reassuring
11. "Why do you feel that way? What are you doing up in your room? When did you start feeling this? Are you paying attention in class? Who is influencing you now?"	Probing; interrogating

12. "I'm not in the mood for that kind of talk. You think you've got problems; what about the kids in the ghetto? Why don't you burn down the school? When did you get to be an expert on education?" — Humor; diverting

In his P.E.T. classes, Dr. Gordon teaches parents to stop using these twelve destructive types of messages and substitute the communication skills of the professional counselor. Such skills include passive listening (or silence), "empathic grunts" (such as "mm hm," "I see," "Is that right"), open-ended questions that invite the child to talk (such as "Oh, do you want to tell me about it?" or "What are your feelings about it?"), and active listening whereby the parent feeds back the essence of the child's message to the child and makes the child feel understood.

Particularly when active listening is practiced, children talk to their parents more; parents understand their children better; feelings such as anger, fear, and hurt are more easily dissipated; and children manage to solve their own problems more constructively.

Parent Effectiveness Training also includes ways that parents can modify their behavior toward their children when the children are behaving badly. "Effective parent-child relationships (as well as husband-wife, boss-subordinate, labor-management, business-partner-friend) must be relationships in which both get their needs met," says Dr. Gordon. "Your child does not have complete freedom to do whatever he would like to do—nobody does. He will *always* engage in some *unacceptable* behaviors, such as leaving his clothes in the living room, leaving the screen door open, marking on the walls, tugging on you, playing the guitar too loud, etc."

"You Messages" versus "I Messages"

Most parents handle such situations ineffectively so that the child doesn't modify his behavior, the child's self-esteem is damaged, or the relationship is hurt or damaged. Almost all of the ways parents confront kids in these situations are "you messages."

Examples include: "You're bad."
"You're careless."
"You're clumsy."
"You've ruined my whole day."
"You're driving me crazy."
"You've ruined my digestion."
"You're driving me to an early grave."

Often such messages are worded to make the child feel that he is stupid. For example, parents may say "There are flies in the kitchen, *so go shut the door,*" or "The TV's on too loud, *so go turn down the volume.*"

In P.E.T., parents are taught to use "I messages" instead of "you messages" so that the child saves face, no damage is done to the relationship, and changes in behavior result. As an example, Dr. Gordon used the following situation.

Example: If I were a guest in your home tonight and you noticed that I had my muddy shoes upon your couch and a little nail was sticking out of my heel, I would bet not one of you would send any of these messages to me:

"Take your feet off my couch this instant."

"If you don't take your feet off my couch, you'll never be asked back."

"Do unto others as you would have them do unto you."

"Where were you born, in a barn?"

"You're being terribly thoughtless."

"Why, you big slob."

"You're only showing me your deep hostility toward me."

Yet, these are the kinds of messages most parents send to their children every day.

Although "I messages" have a higher probability of influencing a child to change his behavior without hurting him or the parent-child relationship, sometimes even a good "I message" may not work. This results in a conflict of needs.

Win-Lose versus No-Lose Methods

Most parents habitually use only two out of three methods to resolve such conflicts, Dr. Gordon stated. In Method I, parents decide what the solution to a conflict will be; thus the parent wins, and the child loses. In Method II, the parent "gives in" and lets the child win. Both of these methods are "win-lose" methods. Gordon's alternative to these types of methods is what he calls Method III—the "no-lose" method, or "participative decision-making." Using this method, a solution is worked out that is acceptable to both the parent and child. This means that neither experiences resentment; no one loses—both win. There's no power struggle, no hurt feelings, and no maneuvering.

The P.E.T. credo for relationships with children focuses on mutual respect, friendship, love, and peace. The parent lets the child know that he values their relationship and will try to genuinely accept the child's needs and problems and help him to find solutions. However, when the child's behavior bothers the parent, the parent will tell him so, and trust that the child will recognize the parent's needs. Mutual respect for each other's needs and participation of children in a democratic way are key elements of the P.E.T. philosophy.

So far, over 1,500 parents have taken Gordon's course to become P.E.T. instructors and are giving his courses nationwide. Cost per parent to take the 24-hour, 8-week course is $50 in most cities and $65 in large metropolitan areas. To train new instructors, Dr. Gordon holds 5-day regional workshops (costing $100 per person) which feature intensive training programs for would-be instructors who range from clinical psychologists to paraprofessionals.

Other Courses Offered

In addition to his courses in P.E.T., Dr. Gordon's company, Effectiveness Training Associates, also offers courses in Teacher Effectiveness Training (T.E.T.) and Leadership Effectiveness Training (L.E.T.). He has also written a book, *Parent Effectiveness Training*, published by Peter Wyden.

Although no studies have been done suggesting how long changes in parent behavior last after parents take his course, Dr. Gordon is seeking funds to perform an evaluation on this subject, to include effects on grades, school performance, attitudes, psychosomatic disorders, hostility, fear, creativity level, and verbal facility.

Questioned whether he has ever attempted to work with the entire family rather than with the parents alone, Gordon responded that he became disenchanted with this approach, and found that it is necessary to start with the people who have power. He said, however, that he has found Method III even easier to use in large families than small ones, because older children indoctrinate younger ones.

Provided that a trained instructor could be found who would agree to waive his fee, Dr. Gordon assured Conference participants that his course could be given at no cost for Home Start parents.

Psychological and Social Services an Important Aspect of Home Start

In her talk on psychological and social services in Home Start on Wednesday, April 5, Mrs. JoAnn Braddy, Director of the OCD Home Start program in Dardanelle, Arkansas (ARVAC), emphasized the importance of using existing community resources and cooperating with other agencies.

Such resources as mental retardation organizations, the public health clinic, civic groups, crippled children's organizations, community clubs (such as the Lions Club, Elks, etc.), colleges, and national adult education funds should all be tapped, Mrs. Braddy said. She followed her presentation with a slide show depicting ways in which her Arkansas program has found and drawn upon these types of resources.

The importance of a library to Home Start was stressed by Mrs. Brooke Sheldon following Mrs. Braddy's talk. Chairman of the American Library Association, Children's Services Division, Committee on Library Services to Disadvantaged Children, Mrs. Sheldon urged Home Start programs to ask their libraries about resources and training to help strengthen parents. She recommended use of a wide variety of audio-visual materials, and suggested that if local libraries were not geared to help, programs should contact the next largest library in the system or their state library. She also recommended that each program secure a book list from the American Library Association.

Healy Asks Home Start to Emphasize Well Children

In his Thursday, April 6 lecture to Home Start Conference attendees, Dr. Alfred Healy, American Academy of Pediatrics Consultant to Head Start, and two of its demonstration programs–Health Start and Home Start–urged Home Start programs to incorporate strong health components and provide for an optimal state of "wellness" for their children.

"Obviously," said Healy, "we have to deal with social, emotional, cognitive, and intellectual functions, but we must also have a healthy child, so let's try to put them all together."

A good deal of information about services is available from previous programs, Healy said, but he emphasized the need for a "process" of delivering health services and accomplishing the health goals of (1) finding out what is wrong with the child, (2) correcting any existing health deficiencies, and (3) preventing any future deficiencies.

As the first step in this "process," Healy suggested that Home Start programs "get a reading" on their communities, asking such questions as "Are there specific health problems within your geographical area, or population base? For example, do you have a problem with lead-based paint in your environment? Are you experiencing an extremely high accident rate? Do you have a high TB rate? Are tape worms a serious problem?"

Secondly, he indicated that visits and talks with the families who will be in the program would be helpful. Where do people usually receive their health services? Are those services quality services? Are the families satisfied with the services? Are services available at convenient times? How much do services cost? Are payments too high? and Are services accessible or do families travel long distances to get them?

As a third step, programs should find out what funds are available and what resources exist. Healy mentioned Medicaid, Title XIX, State Services for Crippled Children, and state and local health departments as potential resources.

After this information has been obtained, he said, programs should establish a recorded health history for each child. Using nurses, nurses' aides, and trained paraprofessionals, programs should screen children for sensory defects (especially seeing and hearing problems), urinary or hemoglobin problems, and dental defects. Immunizations for German measles and other diseases should be given to children and an immediate health education program should be given as part of in-service training for all staff who come in contact with the children so that children's emotional and developmental problems can be detected.

Healy noted that up to this point in the process, no physicians' services had been mentioned, and all of the services he had been suggesting could be performed by non-M.D. people available to the programs. Only after all of this information has been gathered, Dr. Healy said, should you introduce the child (if this relationship has not been established) to a physician or health service to provide continuity of care.

"The physician takes the information that you have gathered in terms of immunization status, urine and hemoglobin problems, developmental problems, etc. and puts this all together with the physical examination. But it isn't just a physical exam; it becomes a meaningful health inventory, a meaningful health assessment of each child," Healy said. "In summary, we're trying to provide a quality of life by achieving an optimum state of function which is not just the absence of a disease, but some state of well-being."

Kennelly Talks of Health Start Goals

Mr. James P. Kennelly, Project Manager of Health Start for the Office of Child Development, announced the program goals in a speech on Thursday, April 6. According to Kennelly, the program will (1) capitalize on the spirit of the health program within Head Start, (2) try to demonstrate, at least in the health areas, whether there are alternatives to the summer Head Start programs, and (3) try to create new, innovative ways of ultimately developing new delivery systems for health services.

In addition to concentrating on systems of delivering services and coordination of services, Health Start is also emphasizing the use of Title XIX, of the Social Security Act, to make more capital out of these services at the State level.

AAP Offers Home Start Consultant Services

The American Association of Pediatrics (AAP) will be offering medical consultant services to all Home Start programs, Mr. Edmund Epstein, AAP Administrator from Evanston, Illinois, announced Thursday, April 6.

As part of the contract that began in early 1972 between the AAP and the Office of Child Development, twelve health liaison specialists (with at least one residing in every HEW Region) will begin working with Home Start programs on their health components. In addition to coordinating the recommendations of consultants and following up work that has been done in local communities, the specialists will set up a health information system. Under this system, a form will be sent to each grantee twice each year requesting basic data on the performance of the health component. Following completion of the form the specialists will visit the programs for which they are responsible and provide any technical assistance required.

Mr. Epstein said that within the month of May, a pediatrician would also be assigned to each of the fifteen Home Start programs and site visits by these doctors would be made subsequent to their appointment.

The contract, which ends in August, 1973, will be as flexible as possible to meet the needs of the Home Start program, Mr. Epstein said. He added that every attempt would be made to mobilize the medical services for the entire extended family as well as the target child, through the pediatric consultants and the health liaison specialists.

Good Dental Program Critical to Home Start

"Regardless of the availability of local resources, the maximum impact of the basic philosophy of Home Start will occur when the primary effort of the Home Start dental program is directed toward the education of parents and children in the target home," said Dr. Howard Kelly, OCD Region III Public Health Dentist. "The effect of the dental health education program must result in a home that appreciates the value of good dental health and practices good oral hygiene."

Alluding to the high cost of purchasing dental services and the limited health component funds available for Home Start programs, in his presentation and special interest group Thursday, April 6, Dr. Kelly urged programs to avoid making a general effort to purchase dental health services for all participants. Rather, Home Start programs should make an effort to obtain services for participants through existing facilities and agencies and should attempt to guide families to sources of dental care rather than securing services for them.

The local agencies that might be available to provide dental services *directly* include the City Health Department, County Health Department, State Health Department, Board of Education, private or charity health clinics, Federally funded health programs (such as Model Cities, HUD, Children and Youth, Maternal and Child Health, Neighborhood Health Centers, or OEO), professional organizations, or the schools of dental science.

Local agencies that might be *indirect* sources of providing services include Medicaid, Title XIX, SRS, Crippled Children's Society, volunteer organizations, charity organizations, service organizations, business organizations, civic organizations, fraternal organizations, ladies' auxiliaries, local merchants, or Federally funded projects such as the Emergency Food and Medical Program.

In preparing a plan for the use of available facilities, Dr. Kelly recommended assistance from resource personnel as mentioned in Book 2A, Rainbow Series, Dental Services. With the assistance of the program consultants, Home Start programs should prepare a detailed dental program plan before they approach local agencies to try to establish relationships for their participants to receive dental care.

According to Dr. Kelly, this plan should include descriptions of at least the program goals, objectives, program process (enrollment, patient identification, patient referral, patient education, patient transportation, and anticipated services), program records, evaluation criteria, and budget estimates (expenditures by area and by objectives).

"Home Start funds should not be used to provide examinations for participants when no treatment will be available. Neither should a program attempt to provide to its participants just a few services to all enrollees. In those programs where funds and resources are limited, the attempt should be to provide to the few who are in the greatest need," Dr. Kelly said.

A key element mentioned in the special interest group included decision of whether children would be transported to the dentist or whether the dentist would come to the children. Dr. Kelly urged all programs to locate the resources they have to provide care to children and see to it that dental services will in fact be given to the children.

The Programs Speak

Thursday, April 6 offered an opportunity for representatives and program directors from the fifteen OCD-funded Home Start programs to relate information about their programs to conference participants. Highlights from each program's contributions follow.

Mrs. Rose Margosian, Gloucester, Mass., told the group that the Gloucester program plans to conduct most of the services, except the educational component, outside the home. They expect one resource person to serve as a clearinghouse for home visitors and hope to make a "Parents Anonymous" service available for busy parents to call for suggestions on how to deal with their children. Gloucester also expects to incorporate the toy lending library concept in its program.

Dr. Dorothy Gradel, Binghamton, New York, said their urban program, now in its sixth year, uses home visitors to recruit families, perform social case work, and act as a referral service. The Binghamton program includes the use of 14 mothers' groups which meet every two weeks.

Miss Susie Pahl, Parkersburg, West Virginia, said transportation is her program's biggest problem. The program, which serves families in 10 counties in rural West Virginia, will visit approximately 170 families, some twice per week.

Mrs. Shirley Young, Macon, North Carolina, said her serious transportation problem was solved by buying six four-wheel-drive vehicles for home visitors to use in mountainous areas. Although seven home visitors will be used for the program's first year, she hopes to expand that number in succeeding years. Her staff also plans to develop a complete slide history of their Home Start program.

Dr. Kyo Jhin, Huntsville, Alabama, will use a Huntsville educational TV station in his program. Following the Appalachia Educational Laboratory model, this program will include the TV component, weekly visits by teachers to five target areas, group sessions for children once a week, and a parent get-together program.

Mrs. Mary Martin, Cleveland, Ohio, is working with black, Appalachian, Spanish-speaking, and various other ethnic groups in the Cleveland program. This urban program is using a variety of models and plans to use its project director, educational director, and program coordinator as resource people.

Mrs. Ann Hampton, of the Clinch-Powell Educational Cooperative, Harrogate, Tennessee, said her program is also planning to work with the Appalachia Educational Laboratory model using a TV component. (Note: A recent change calls for the use of CBS's *Captain Kangaroo* as the television input for part of the educational component.) Originally an educational organization, the program is eager to expand into the other Home Start component areas, she said, and has received excellent cooperation from nearby universities regarding training.

Mrs. JoAnn Braddy, Dardanelle, Arkansas, spoke chiefly of the organizational structure of her Home Start program, which (like many other agencies) comes under the CAP umbrella. Stressing that Home Start will be closely linked to the Dardanelle Head Start, Mrs. Braddy said that the Policy Advisory Group will combine representatives from both Home Start and Head Start.

Mrs. Jeanette Gilliam, Houston, Texas, described the types of people the Houston program hopes to hire for staff. Included in the group will be eight home visitors, two social service specialists, two nurses, and a clerk-typist.

Mrs. Betty Besser, Wichita, Kansas, said that one of the main features of their program will be group activities every two weeks for both parents and children. The program will use eight home visitors to serve its 80 families.

Mrs. Sheri Noble, Logan, Utah, spoke of the support that Home Start will bring to the existing, fairly small, Head Start program, which serves the entire northern end of Utah. Also planning semimonthly group meetings for children and parents, the program will be staffed by an educational coordinator, a health services coordinator, and a social services coordinator, who will work with both Head Start and Home Start.

Mrs. Marie Mills, Reno, Nevada, emphasized the attitude of "rugged individualism" that prevails in the

desert atmosphere in which the program is located. A unique problem with her program, she said, is that home visitors will be dealing with many single-parent families, resulting from the convenient and lenient divorce regulations in the city.

Mrs. Estella Moran, Fairbanks, Alaska, called Home Start a "miracle" as she described the long hours of darkness and heavy snow of winter that force children to stay inside. Through Home Start, the program will serve 80 families in addition to the ones that are already being served by the Head Start program there.

Mrs. Lettie Nave, Fort Defiance, Arizona, said the Home Start for Navajo Indians will emphasize the importance of preserving Indian cultural mores, customs, and traditions, as it serves 400 children from 80 families. The program, located on a 25,000 square mile reservation, will include work with the extended family and will also attempt to change the attitude of many Indian parents who value education, but feel that school is the only place where teaching can occur for their children.

Miss Stella Aguilar, Laredo, Texas, will work with the migrant Home Start program. Their home visitors will each serve five families. Major problems she foresees are the distances between families and the time during the year when the families are traveling, and Home Start services will be interrupted.

Parents Moderate Audience Discussion

Mrs. Lola Rhem and Mrs. Juanita Harris, from the Office of Child Development, National Head Start Ad Hoc Steering Committee, moderated an audience discussion on how to begin a home visiting program at the Thursday, April 6 general session of the Conference.

Beginning the discussion, Mrs. Harris said, "Nobody can tell you how a home visitor should knock on doors, but we can share experiences here with people who have done it before."

Mrs. Maxine Adams, Houston, Texas, questioned how home visitors would use *parents'* resources without continually bringing outside toys, games, etc. into the parents' houses and making parents feel badly. In response, Sister Mary Loyola (Xavier University, Louisiana) and a representative from the OCD-funded Dardanelle, Arkansas program offered their past experiences in home visiting as a source of information and suggested that the home visitor use a combination of materials, some brought into the homes and some found within the homes.

Edwin Yazzi, a spokesman for the OCD-funded Navajo Home Start program, strongly advocated knowing the traditions and customs of the people and working with existing family strengths rather than using pre-packaged, commercial toys and materials.

Mrs. Harris pointed out that each program would do things slightly differently and that Home Start encourages this expression of individuality; thus there could be no set standards for each program to follow in making home visits. Speaking about one of the Home Start objectives of involving parents directly with the educational process of their children, she said that this could be accomplished in many different ways. "The point is, the fact that we listen to problems gives parents a better self-image," Mrs. Harris said. "We must work together to motivate the parent in order to motivate the children."

Schaefer Calls Home Start Force for Social Change

"We need to build a support system for the isolated nuclear family, to listen and respond to its needs," stated Dr. Earl Schaefer, from the University of North Carolina's School of Public Health, on Thursday, April 6. "People say the family needs to be supplanted, but that doesn't work; therefore, we must change professions and institutions. Home Start has the potential of being this force for social change."

The goal of the Home Start program is not merely child development, Dr. Schaefer said. The program must look at all the needs of the family (dignity, respect, social and emotional needs) and must not focus on the cultural, intellectual, or cognitive needs of the child only. In responding to these needs, he said, we must build on the culture and experiences of the people, the language skills, the family's strengths, the children's skills, and the community's strengths.

Schaefer concluded that the skills of professionals can no longer be emphasized. Home Start, he said, must liberate and increase "people power."

OCD Home Start Program Directors Meet

On Thursday, April 6 and Friday, April 7, OCD Home Start Program Directors and Home Start Regional Representatives met with OCD Headquarters staff to discuss training and clarify the role of the Headquarters staff with respect to the fifteen Home Start programs.

Dr. Rebekah Shuey, Senior Training Specialist from OCD, Washington, cautioned that training works best when the people being trained feel that they're being listened to, and encouraged all programs to be sure that all staff know and sympathize with the goals of the program.

Dr. Shuey attributed a limited value to pre-service training because the staff generally gets more out of asking how to solve situations that they've experienced and couldn't cope with. She suggested, however, that pre-service training be used to help the staff see the *areas* in which they'll be working–how the children play, where they play, what the traffic hazards are, etc.–from both the child's and the family's point of view.

"The play patterns that children use are almost universal," declared Dr. Shuey, "so know their playing. Think about children as whole people in different ages and stages, and don't isolate their activities."

She also emphasized the total community effort needed to make the program a success and the need for a detailed plan to be drawn up by program directors, showing the functions proposed for each consultant and community agency.

Following Dr. Shuey's remarks, Dr. Ann O'Keefe, Acting Director of Home Start, OCD, Washington, led a discussion about the role of Headquarters support to OCD programs. It was decided that the Headquarters office would try to publish a weekly (or at least frequent) newsletter for all programs,

listing films, books, pamphlets, kits, and games of interest to Home Start programs and containing articles on activity highlights from each program, problems or progress reports, and questions and answers for problem-solving.

Dr. O'Keefe stated that the Headquarters staff was eager to visit every program within the next few months and asked program directors when and where their next group meeting should be. Mrs. Margaret Emswiler, OCD Home Start Representative, Region VI, suggested that separate meetings be held, by function, for program directors, educational coordinators, training directors, etc., and Dr. Kyo Jhin, Program Director of the Huntsville, Alabama TARCOG program, added that the next meeting should be held at one of the Home Start sites.

A discussion on the role of the Policy Council ensued. Mrs. Marie Mills, Reno, Nevada, summarized the group's reactions by saying that to have an effective Policy Council, the importance of having parents make decisions about the program should be emphasized by home visitors, since home visitors and parents would be working in concert to help the children. Mr. Jim Shelton, OCD Home Start Representative, Region IV, added that programs must be careful to negotiate with their CAP agencies and include CAP's in any training given on the responsibilities of the Policy Council.

Regarding OCD Issuance I-30, 70.2 (Parent Policy Council Guidelines), Dr. O'Keefe stated that Home Start programs should follow it as closely as possible, but that, because Home Start is a limited, 3-year demonstration program, the need to follow it exactly is not as binding as in Head Start.

Conference Equated to Merry-go-Round and Smorgasbord

Panelists at the Friday, April 7 general session called the Home Start Conference a "merry-go-round of ideas" and a "smorgasbord of experiences shared by people nationwide."

Mr. Hilton Baines, OCD Home Start Representative, Region V, said he felt that the conference was successful from a Regional office standpoint because many of the concepts, though not new, had "transferability." He delineated Regional responsibilities as carrying out national policy, visiting the program, acting as a resource and consultant for the program, and serving as the program's fiscal agent.

It was agreed that the role of OCD Headquarters was to disseminate any information relevant to programs and clarify any questions on policy and *Guidelines*. Mrs. Rose Margosian, Gloucester, Mass., Program Director, and Mr. Jim Shelton, OCD Home Start Representative, Region IV, urged OCD Headquarters to provide as much training as possible regarding OCD Issuance I-30, 70.2 (Parent Policy Council Guidelines). Mrs. Marie Mills, Reno, Nevada, Program Director, added that local programs should work out procedures regarding the CAP agency's relationship with the local program, particularly in the area of hiring and firing staff.

Mr. Tom Gentry, Harrogate, Tennessee, said he felt Home Start's uniqueness stemmed from its smallness, allowing an opportunity for honest dialogue on problems. Mrs. Margosian added that the key to succeeding in Home Start is working together, involving the whole staff and the whole community, from the very beginning. Seconding that, Mrs. Harriet Marmon, Fort Defiance, Arizona, praised the value of having so many people in one place hearing different ideas of educational philosophy.

"Many people have been sharing this smorgasbord of experiences this week," Dr. Paul Vicinanza, OCD Home Start Representative, Region III, said. "Many things at this conference may seem high-priced, but the *ideas* behind them can be implemented in individual and relatively inexpensive ways by different programs. We can't work exactly the same way in all locales, but hopefully there's some commonality in all the things we've done. I urge you, though, to be really cautious. Don't make your home visitors start next week with all their families. Let them work with one or two families at first, let them get their feet on the ground, and try first of all to relate to these families. Also, remember to take time on a weekly, or even daily, basis for in-service activities; training is a key element of Home Start."

Following a brief discussion of potential problems with Policy Councils, Dr. Esther Kresh, Evaluation Project Officer, OCD, Washington, said programs should attempt to maintain contact with families who have terminated the program, and suggested that, if possible, they be moved on to Head Start programs if they are still eligible to receive services.

In closing, Dr. Kyo Jhin, Huntsville, Alabama, Program Director, said, "The goals and purpose of Home Start are to make things happen. Each of us, no matter what role he plays, has learned to respect expertise. Everyone here should be complimented for his concern for the welfare and future of humanity. What we do in a small way is a tremendous responsibility. Of course we'll make mistakes; that's why a pencil has an eraser. But I want to congratulate everyone here for making tremendous contributions to the future of mankind."

Attendees Evaluate Conference

Participants at the Home Start Conference felt, in general, that the conference was excellent, according to the pink evaluation forms they filled out. Although there were a few comments that the sessions were too long and involved "too much material for one person to absorb in such a limited time span," the majority of the attendees said that they felt the conference was excellent, both in terms of the breadth and depth of material presented and in terms of the conference planning and organization.

Several suggestions were made that for future conferences, separate workshops be held for home visitors, training directors, etc., according to job responsibilities. Favorable comments were made about audio-visual aids used, and it was suggested that more of these be incorporated for future conferences. Another suggestion made by several people was that home visitors and resources from existing HEW-funded programs should be utilized more, but most participants agreed that the resource people on the program were of high quality and gave impressive presentations.

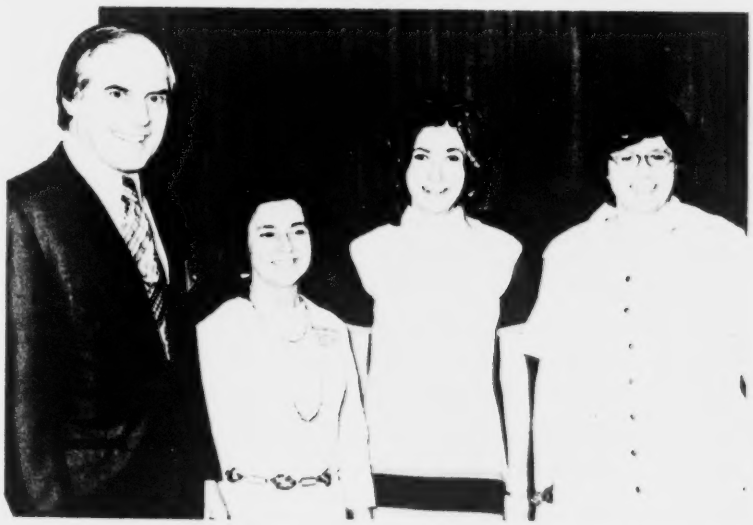
Other recommendations included: (1) the agenda should be shorter, and fewer days should be allotted for the next such meeting, (2) the next conference should be held at one of the Home Start sites, (3) demonstration workshops should be part of the program, (4) large-group presentations would be interesting on how to work with scrap material found at home, and (5) more practical applications of educational materials should be stressed.

Press, Radio, TV Cover Conference

As a result of advance planning and preparation of press packets by Mrs. Mary Washburn, Head Start Public Information Officer, OCD, Washington, and Public Information Consultant, Mrs. Lee Lawrence Ansberry, a press conference was held Monday April 3, to kick off the Home Start Conference. Attending were representatives from three TV stations, UPI, St. Louis newspapers, and several radio stations.

Mr. Richard Orton, Director, Bureau of Head Start and Child Service Programs, and Dr. Ann O'Keefe, Acting Director of the Office of Child Development's national Home Start program, fielded questions ranging from how new the idea of Home Start is to the duties of home visitors.

When asked if the thrust for Home Start was being made because of Head Start evaluation results, Mr. Orton responded that, in part, this was true. Head Start centers often cannot accommodate all the children who need services, he said, adding that he sees Home Start as one of a number of alternatives to a center-based program.



"There is a need in most communities for home-based activities," Mr. Orton said, "but I want to stress that this is not the forerunner of a large national program like Head Start. Home Start is merely a demonstration of an alternate means of delivering Head Start services."

Dr. O'Keefe, questioned at length about the conference, paid tribute to all the participants. Asked if all home visitors would be women, Dr. O'Keefe replied that although this question has generated a good deal of discussion, most programs tend to select women for these positions. She added, however, that these women need not be mothers themselves to qualify as home visitors.

Education and Development Corporation Manages Conference

Able assistance with conference management was provided to OCD Headquarters personnel by the Education and Development Corporation of Washington, D.C. Company President, Mr. Oscar C. Lott, and two of his staff, Miss Linda Fox and Mrs. Vivian Bell, worked long hours prior to the conference, and were assisted during the conference by volunteer aides Mrs. Avon King and Mrs. Laura MacFarland.

In a memo to his staff the week before the conference began, Mr. Lott cautioned that he did not expect any of them to "sit on their dignity" when help was needed. His staff more than lived up to his expectations. They cheerfully assisted with unpacking boxes, preparing name tags and conference packets, manning the registration desk, giving directions, warding off lighting and electrical problems, and in general solving multitudinous problems for all participants in an unobtrusive and effective way.

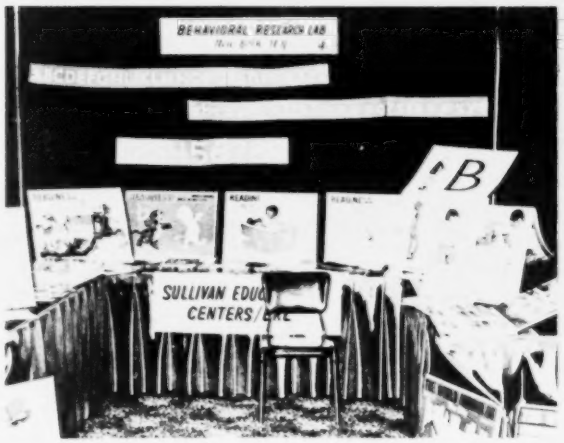
ARC Handles Travel

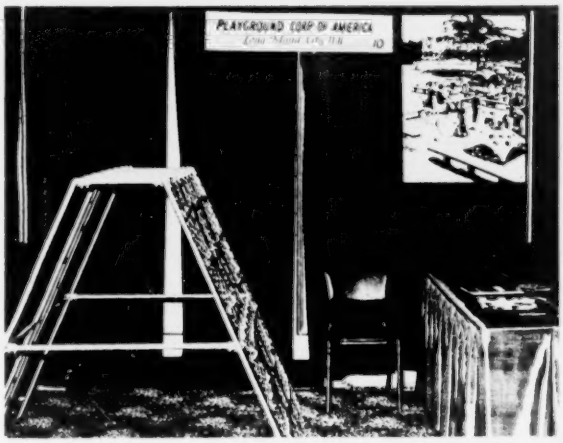
The Appalachian Regional Commission (ARC) provided two staff members to handle travel arrangements for participants. Mrs. Helen Wyckoff and Mrs. Gayle Burton worked with speed and accuracy every day at the Conference, filling out all the necessary papers and forms, so that travelers could be reimbursed within four weeks of the Conference.

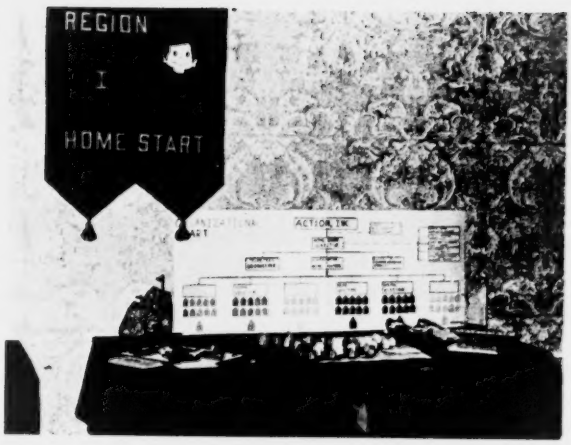
A warm vote of thanks to them all!

Exhibitors Display Wares

The corridors of the mezzanine at the Sheraton-Jefferson Hotel in St. Louis were filled with the wares of commercial exhibitors at the Home Start Conference. Representatives from most organizations manned their booths from 8 a.m. to 10 p.m. and answered many questions from participants regarding their materials. A complete list of exhibitors can be found on page 31.







Some of the OCD Home Start programs also exhibited at the conference. At left is the Navajo program's exhibit; above is Gloucester, Mass.'s display; at right the ARVAC exhibit is shown.

List of Conference Exhibitors

COMMERCIAL

Mrs. Bonnie Smithdeal
KAPLAN SCHOOL SUPPLY CORPORATION
124 South Hawthorne Road
Winston-Salem, North Carolina 27103

Mr. Ben Price
GENERAL LEARNING CORPORATION
250 James Street
Morristown, New Jersey 07960

Mr. C. J. Donnally
BEHAVIORAL RESEARCH LABORATORY
1629 K Street, N.W.
Washington, D.C. 20006

Mr. Richard Stenclik
SUPERIOR DESIGN COMPANY, INC.
643 Walden Avenue
Buffalo, New York 14211

Mr. George A. Campbell
BOWMAR
622 Rodier Drive
Glendale, California 91201

Mr. Michael Richter
PLAYGROUND CORPORATION OF AMERICA
29-24 40th Avenue
Long Island City, New York 11101

Ms. Alice M. Heenan
SCOTT, FORESMAN AND COMPANY
2000 East Lake Avenue
Glenview, Illinois 60025

Ms. Amanda S. Rudd
FIELD ENTERPRISES EDUCATIONAL CORPORATION
Merchandise Mart Plaza
Chicago, Illinois 60654

Mr. Reed Martin
RESEARCH PRESS
P.O. Box 9075
Washington, D.C. 20003

NON-COMMERCIAL

Ms. Susan Thomas
ERIC CLEARINGHOUSE ON EARLY CHILDHOOD EDUCATION
805 West Pennsylvania Avenue
Urbana, Illinois 61801

Mrs. Linda Thornton
Appalachia Educational Laboratory
P.O. Box 1348
Charleston, West Virginia 25311

Mr. Eugene Burd
U.S. DEPARTMENT OF AGRICULTURE
Food and Nutrition Service
Room 568
500 12th Street, S.W.
Washington, D.C.

Mrs. Lettie Nave
ONEO Child Development Program
Box 589
Fort Defiance, Arizona 86504

Mrs. Jo A. Braddy
ARVAC, Inc.
Box 248
Dardanelle, Arkansas 72834

Sister M. Loyola Edelen
Xavier University of Louisiana
7325 Palmetto
New Orleans, Louisiana 70125

Diversity of Films Shown at Conference

The Home Start Conference Program included a variety of films shown in general sessions and special interest groups. A complete list of these films and addresses where they can be obtained is given below.

Name of Film	Synopsis	Where Film Can Be Obtained
"Playing for Keeps" 20 min. – Color	This film describes the Florida Parent Education Program sponsored by the Institute for the Development of Human Resources.	Dr. Ira J. Gordon Director, IDHR 513 Weil Hall U. of Florida Gainesville, Fla. 32601
"The RFD System" 15 min. – Color	This film describes the RFD (Rural Family Development) television-based adult education program developed under the sponsorship of the U.S. Office of Education. The program combines home visitors, TV, and group sessions, but focuses on the adult, rather than the child.	Mr. Boris Frank Rural Family Development P.O. Box 5421 Madison, Wis. 53702
"The Appalachia Pre-School Education Program" 7 min. – Color	This film describes the three-pronged early childhood program developed at AEL. The program merges weekly home visits with a daily 30-minute television series, "Around the Bend," and a weekly group session for children.	Product Diffusion Appalachia Ed. Lab P.O. Box 1348 Charleston, W. Va., 25325
"Learning and Growing and Learning" 20 min. – Color	This film describes the Toy Lending Library program sponsored by the Far West Laboratory for Educational Research, Berkeley, California.	Modern Talking Pictures (see address list, p. 34)
"Good Times" 14 min. – Color	This film describes the New Approach Method (NAM) program, which includes a pre-school reading readiness and reading component.	Mr. Gregory Simms The New Approach Method 194 Brunswick Ave. P.O. Box 1303 Trenton, N.J. 08618
"Jenny is a Good Thing" 18 min. – Color	Head Start's newest film release. Dramatically shows one of Head Start's most important concepts – that the Nutrition program plays a major role and is an integral part of the daily activities in a quality Head Start center. A film for training staff members and introducing the best examples of the child teaching process to the community at large.	Modern Talking Pictures (see address list, p.34)
"Home Start in Action" 25 min. – Color	This film describes the Xavier University home-based program in New Orleans, Louisiana.	Xavier University Home Start Program 7325 Palmetto New Orleans, La. 70125
"Parents are Teachers, Too" 22 min. – B/W	Parents perceive the crucial importance of their role as the child's first and most important continuous teacher. The film's school situation presents ideas for parents to use in encouraging a child's mental and emotional growth through play. Materials are available in the most modest homes.	Modern Talking Pictures (see address list, p. 34)
"Teach Your Child to Talk" 16 min. – Color	This film demonstrates, in a low-key but effective manner, the role parents play as the earliest teachers in their child's growth and development. It was made with parents and begins with a child's birth cry and concludes at approximately age three.	Mr. Perdue Stanley General Manager Cebco Standard Publishing Co. 104 Fifth Ave. New York, N.Y.

Name of Film	Synopsis	Where Film Can Be Obtained
"Patterns for Health" 14 min. – B/W	This film shows the establishment of early health habits for the preschool child. It shows how this early training develops patterns found in the well-adjusted adult and covers general as well as specific health needs of four- to five-year-old children.	Modern Talking Pictures (see address list, p.34)
"Down One Hollow, Up Another" 17 min. – Color	This film illustrates a home-based program in rural Appalachia, that was in existence prior to being funded as an OCD Home Start Program. It provides a good example of how home visitors build trust with families, and gives an excellent description of parent-child-visitor involvement and interaction and the kind of flexibility needed for a successful visit.	Ms. Gail Perry National Child Research Center 3209 Highland Place N.W. Washington, D.C. 20008
"A World of Playthings" 20 min. – Color	This film describes many ways of using household materials to create play things and toys. Mrs. Mary Lewis, one of the OCD Home Start Regional Representatives, participated in the film-making activities.	Mrs. Mary Lewis c/o OCD-HEW Federal Office Building 50 Fulton St. San Francisco, Cal. 94102
"Adventure in Learning" 18 min. – Color	This film shows several Montessori schools and describes techniques used in these schools to help children learn.	Mr. George Chyka Montessori Films 4251 Summit Ridge Rd. Dallas, Texas 75216
"Look at Me" 30 min. – B/W	An aid in the prior-to-service and in-service training of Head Start teachers. Filmed in Santa Clara County, California, it illustrates specific problems and difficulties faced by teachers of culturally disadvantaged children – in this case, children of Mexican-American migrant farm workers – and follows the success of certain innovations and experimentation in Head Start teaching.	Modern Talking Pictures (see address list, p.34)
"Take a Running Start" 16 min. – Color	This film describes the Head Start at Home program in Beckley, West Virginia. Here are children for whom bad roads, no facilities, no buses might have meant no Head Start. But the University of West Virginia, Beckley, devised a program to bring Head Start into the homes in the hills. Twelve adults who could meet health and home standards and find five children to teach were trained by the University to conduct Head Start in their homes.	Modern Talking Pictures (see address list, p.34)
"Palmour Street" 16 min. – Color	A film for training Head Start staff, this film shows the influence that parents have on the mental and emotional development of their children. It presents simple incidents taken from the day-to-day experiences of a Negro family: father, mother, and four young children – problems that are common in the daily lives of families everywhere.	Modern Talking Pictures (see address list, p.34)

ADDRESSES AND MANAGERS OF MODERN TALKING PICTURE SERVICE FILM LIBRARIES

Atlanta, Georgia 30308
714 Spring Street, N.W. 875-5666
Mr. Thomas L. Gunter Area code 404

Boston, Massachusetts 02134
1168 Commonwealth Ave. 734-3732
Mr. James Lowe Area code 617

Buffalo, New York 14202
c/o Buchan Pictures 853-1805
122 West Chippewa Street Area code 716
Mr. Fred Buchan

Cedar Rapids, Iowa 52404
c/o Pratt Educational Media, Inc. 363-8144
200 Third Avenue, S.W. Area code 319
Mrs. Louise Nordstrom

Charlotte, North Carolina 28202
503 North College Street 377-2574
Mr. Max Austin Area code 704

Chicago, Illinois 60611
160 E. Grand Ave. 467-6470
Mr. Hal Smith Area code 312

Cincinnati, Ohio 45202
9 Garfield Place 421-2516
Mr. Curtis Hensley Area code 513

Cleveland, Ohio 44115
c/o Film Programs, Inc. 621-9469
2238 Euclid Avenue Area code 216
Mr. Al Shobel

Dallas, Texas 75207
1411 Slocum Street 742-4106
Mr. Ed Cothran Area code 214

Denver, Colorado 80204
c/o Cromar's Modern Films 244-4621
1200 Stout Street Area code 303
Mr. R. Kenneth Cromar

Detroit, Michigan 48235
15921 W. 8 Mile Road 273-2070
Mr. Kermit Cable Area code 313

Harrisburg, Pennsylvania 17105
c/o J. P. Lilley & Son, Inc. 238-8123
2009 North Third Street Area code 717
(P.O. Box 3035)
Mr. J. K. Lilley

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Complete Text of Mr. Orton's Keynote Address

Monday, April 3, 1972

I wish I could tell you how pleased I am to be able to share with Ann O'Keefe and her staff what is to them an enormous satisfaction that this moment has arrived at all. A little more than eight months ago, the decision was made to have a home-based, experimental program, which ultimately came to be called Home Start. As Ann told you, she has been on the job for the past seven months. Today we have assembled an impressive display of people whom she has identified—people who have received grants or have been notified that they were going to receive them, some of the earlier practitioners in this kind of program, and of course, those of you who are here because you have a deep personal interest in the program. Between that time seven months ago and today, there has been an unbelievable amount of energy expended, of thought waves produced, of phone calls received and answered, and of just plain hard work performed by Ann and her people. I don't do this very often—as a matter of fact, I guess I don't have the chance to do it very often—but I would like to take this moment to pay tribute to Dr. Ann O'Keefe for bringing us to this day. There is no question that without the kind of leadership she has displayed and the kind of selflessness that almost becomes trite to talk about, the activity we are going to be engaged in this week wouldn't be here. Because of her effort, OCD is about to launch about as well-planned a real-world type of experimental program as I have ever seen.

Let me talk briefly about the legislative situation in Washington as far as child care is concerned. Many of you here (particularly those of you who are going to be operating OCD-sponsored Home Start programs) are associated with Head Start, so I'm sure you are interested in just where we stand legislatively with Head Start. The authorization for Head Start will expire in June, and there is no question that Congress will authorize Head Start to continue, by authorizing the Economic Opportunity Act, of which we are part. The House of Representatives has already passed such an authorization bill and we anticipate the Senate will get around to that soon. In addition, the President has recommended a small increase for Head Start this year, as he did last year; it's not enough to do any dramatic expanding of our program, but enough to keep us going with a reasonable cost-of-living increase.

Now, what about other child care legislation? As some of you may know, members of Congress on both sides of the aisle have submitted new proposals for child care legislation since Congress came back in January. The Senate Labor and Welfare Committee has held one-day hearings on some legislation they propose to introduce, and we anticipate it will come out of committee sometime after Easter recess. In the House of Representatives, both Republicans and Democrats have also introduced legislation. All of them state that it contains some things that would satisfy at least some of the President's objections to the legislation that was passed last year. Whether that is true, whether the House and Senate pass something they are able to agree upon, and whether in the final analysis the President will sign it, would be foolhardy to speculate on; but at least the clock is running once again and we, like you, will watch the developments and do what we can to keep ourselves informed.

One other major bit of legislation that can have an effect on us in the child care business is HR 1, Welfare Reform. The House has passed this legislation, and the Senate Finance Committee is now pondering it. The Administration hoped that the Senate Finance Committee would have reported the bill out by this time, but the committee's activities have not been completed. If this bill ultimately passes, it could mean literally hundreds of millions of extra Federal dollars for child care. In this area, as the other, we will watch and wait for developments. In summary, from the legislation viewpoint, Head Start is with us and other Federal initiatives are in process, and we'll have to wait and see what ultimately happens.

Now, what about Head Start? What is going on in that world, and, particularly, how does what we are doing there coincide with what we are going to be discussing this week? We have recently completed the most extensive review of the Head Start Program that has been performed on it since its inception. Over the past three or four months, we have looked at almost 350 reports that have been submitted by monitoring teams that visited Head Start programs over the past two years. We have looked at data that has been gathered by the Census Bureau over the past several years. We have looked at data gathered in 1967 and '68 and '69 through a network of Evaluation and Research Centers that gathered pre- and post-test data on Head Start children on a sample basis. This data has been with us, but

before this time we simply did not have the resources to give it the review and analysis that it called for. That review has now been completed, and we have concluded pretty much the following.

Head Start has, by and large, done an extraordinarily good job of achieving the objectives that were set for it some years ago. However, we found what I consider to be a lesser level of quality in too many Head Start programs. Services in many instances have not been and still are not being delivered, and the concept of a comprehensive program does not exist in too many communities.

We found that, in some ways, Head Start is becoming an orthodoxy unto itself. As a five-day, center-based program, it is good; but as we looked at the research literature, it is not necessarily appropriate for all the children who are receiving it. In other words, I think we are getting in a rut ourselves.

Incidentally, I forgot to mention that in addition to reviewing the evaluation data about Head Start itself, we had people review all the research and evaluation literature that has been published in the past five years, not just that funded by us. So, what I am describing to you in the conclusions that we have reached is based not only on our review of the Head Start materials but also on other research information. The conclusion I am about to describe to you comes from that material—namely, that with the current state of our knowledge about how children grow and develop, it is extraordinarily difficult (as a matter of fact, it's impossible at this point) for us to determine what is the optimum way to bring about an appropriate development process for children.

Another conclusion is that Head Start simply is not making enough use of the research knowledge that we do have. Of course we know that Head Start, by definition, is not enough. We have preached from the program's beginning that there should be continuity for children enrolled in Head Start. We know that the family probably has the most important role to play in the development of the children; yet we in Head Start, while talking about that sort of thing, have done little to bring that to pass.

In summary, we've "done good" so far, by and large, but there is much we must do to bring about improvement. What we are going to do about that is substantial. We are in the final process of putting together what will probably become a 3-year plan, which will in essence renew Head Start. You'll notice I said "renew" and not "uproot" it or tear it apart, because essentially our previous work has been done reasonably well and is soundly based. But we would not be carrying out our trust if we have the information about ways to improve it and don't try to bring about that improvement. We're talking on the one hand about tightening up the program, and on the other about loosening it up, as I'll explain in a moment.

This 3-year plan will have three principal ingredients. First, we are going to make a major effort to improve what's already there. We are going to be looking again at the standards we have set for each of the components, as well as for the program overall, to see if they are still appropriate and still achievable.

Secondly, we are going to continue the efforts we have begun so far to review individual Head Start programs and offer assistance to those who need it to improve. That's the tightening-up part. On the loosening-up side, what we are going to do obviously cannot be done without a lot of time, effort, and participation on the part of all concerned. We will permit Head Start programs to offer more options than they currently have about how the services appropriate for Head Start children can be delivered. Currently we have a system whereby children come to the center 5 days a week and receive services for anywhere from 3 to 12 hours, and then they go back home. Although that is appropriate for many children and for many families, it isn't appropriate for all. Maybe some only need a day or two days at a center that could be supplemented by a day or two of home visiting of some sort. Maybe some children only need some kind of a summer intervention. Our job will be to determine what kinds of variations there can be and to offer them to the community as additional options it can use to serve its children in need. That is part two, to develop and encourage variations in Head Start's standard pattern.

The third leg of the stool that we are working on to improve Head Start is to expand the number of experimental programs. We have an experimental effort in health known as Health Start. Home Start is, of course, a very important part of Head Start's experimental thrust. We hope to do more experimental work in the area of continuity of service. In the field of handicapped children, there is a lot of good work being done; we would like to give that the same kind of publicity and help that Home Start is being given. Also, a very important aspect of our experimental work is to increase our overall knowledge about how to individually assess what children need. We say, "If you're poor, you need Head Start," but that isn't necessarily true; there could be some middle-class kids who could use the same things. So we want to see what can be done to sharpen our measuring tools to determine what a child needs and thereby provide a basis to give children and families the kind of program that will best suit their needs.

These are just some of our thoughts about the Head Start of the future. It's going to be a long, hard road. We're not going to carry all this out in the next year. It's going to take time for us to think it through; it's going to take time for communities to become aware of what we are trying to do, and to go

through a process of decision as to what they can do to improve their program. We're not in any way going to take away local option in deciding what is best for the children being served, but we are going to figure out better ways to make information about options more readily available. Our objective really is quite simple; to establish that Head Start really is the best example that there is of a continuing, national demonstration program of comprehensive developmental care for preschool children.

Where does Home Start fit into this? Earlier I said that no one really knows the way children grow and develop; undoubtedly, there isn't any one way and there never will be. Yet it seems to me that all of us have an obligation to explore and evaluate the many ways that there are. We at OCD have worked out a kind of medium in which we would like this to operate. The Home Start program is based on research and individual efforts on the part of many people in this room. They tried it out in the laboratory. They demonstrated it again in their own communities or in other parts of the country. What we are doing is giving their efforts some visibility and help, and we will see to what extent we can build upon what we have learned from pioneers in this effort.

Should that demonstration be successful, then obviously the next step is to make it available on a national basis to anyone who has a need for it. This is what we would like to do with a number of experimental programs; and, we would like to change Head Start from a program with many centers to a center with many programs.

Think of Head Start as a focal point for a beginning of a total child care system. Head Start could be a program providing a variety of services, depending upon the needs of the local community, as determined by its people. Some children may need only some kind of health service. Some people can only use a program that is based in the home. Others may need a 5-day-per-week, center-based activity. Others may need a 2- or 3-day-per-week activity. You can see the many variations possible here. This is not a new idea; many communities have already initiated it. If we are going to do this, we must find out what works, to the extent that it can be found out. We then will be able to present to the Head Start centers information about what does work in a way that permits them to choose wisely among the various alternatives available. We see the Federal role as gathering and dispensing information that people at the local level can use as the basis for deciding what kind of services they want to provide.

Within that context, Home Start can very well be one of the many available program choices being developed to help parents and children. We do not visualize Home Start as a large program that will ultimately supersede Head Start. We don't consider this a fad that will grow and then die. We do know that it can be an effective way to work with families and children that have particular needs. Our Home Start job is to do what we can to increase our knowledge and give that knowledge to everyone who has a need for it.

The final plans for Home Start have not been completed. We have no plans at this moment to expand the program dramatically next year or in subsequent years. What we're interested in is testing the model. To the extent that we need additional variations from the 15 programs that we are about to have, we will probably expand slightly, but there will be no large expansion.

What we are doing in Head Start and Home Start is not a massive Federal intervention into what is most appropriately the responsibility of the family. Our concern is to help the family do its job better. All of us have a very large responsibility. The plans have been laid, and now we must start to bring these plans into reality. Your work will just be beginning when you leave here. We are going to be providing you with all the help we can to make sure the experiment is a true test. I wish you the best.

Complete Text of Dr. Lally's Presentation

Monday, April 3, 1972

I am basing these remarks on experiences in the three home intervention programs where I had the good luck to be the training director (Florida, Chattanooga, and Syracuse University). All of the work that I have done with children was done from a time prior to their birth through three years of age. All of the home visitors that I have worked with have been paraprofessionals. Before I talk about problems, I would like to mention two main goals that I think any person starting a home visit program would have as his goals: (1) a program to act as a support of, rather than a substitute for, family living (I am concerned that the missionary view of helping does not destroy the potency of the family), and (2) long-range versus short-range intervention.

It has been pointed out through research that many of the child-centered programs of the past that have been evaluated seemed to fail. It's my opinion that children are elastic; you can change them, but as soon as your intervention ceases, they'll change back. A good example of this is the work done by Bereiter and Engelmann which was recently reviewed by E. Kuno Beller. The children are now in the second or third grade, and in cognitive types of activity they are functioning at a level at or below those used for control. I feel it is necessary, in looking at this long-range goal, that we focus on bolstering the permanent environment of the child rather than intervening in a temporary way; so, if funds are cut off or if the program ceases or a fad changes, the permanent environment which is the family will continue to provide the kind of experiences that are essential.

Secondly, I don't think that it is too relevant to evaluate whether a home-centered program is better than a center-based program while the intervention is still going on, because if both of these programs have no effect on the child three years later, it doesn't make too much difference what was happening after we did the evaluation. So we have these two goals, looking at the long-range rather than the short-range effects of your work, and hoping that you will see your work as a support of, rather than a substitution for, the family.

Next I'd like to speak about some of the problems that we have encountered in the past five years and also tell you that you will be receiving a paper that talks about specific problems that you might run into during your training. That paper was to have been distributed today; fortunately, it was not, because now I can speak about other things than what's in the paper.

One particular problem that we have run into is the desire of the home visitor to work with the child rather than with the family. This is very simple to understand. There is a good deal of satisfaction in working with children. The rewards are there; you can see them on the faces of the children. You also have one less step in training, because you don't have to train someone to work with someone else; you can work directly with the child. However, I think that if programs move in the direction of focusing on the child, you'll end up with intervention one or two hours a week, and really not affect the person or group of people you are trying to target on.

The second problem is the tendency to separate cognitive and emotional development. It is very important not to do this; but when we look at materials, it's much easier to write and create cognitive material than it is to create material for social and emotional development. It is very difficult to integrate activities to insure that these two things are going on simultaneously. For the child 0-3, it is essential that we don't have a cognitive curriculum for the mother to go through, step by step with the child, without her at least understanding some of the basic concepts of trust and integrating this with the social and emotional development of the child.

A good example of this problem was the use of a booklet that Ira Gordon and I wrote called "Intellectual Stimulation for Infants and Toddlers." This booklet was to provide a place from which people could start. A page, for instance, of a child playing with his mother on an object permanent to his activity was to be a point from which the mother could create more appropriate activities. We have found through use that this booklet has become a curriculum, a cognitive curriculum, which I personally feel shouldn't be used that way. Also, all the training that was given to the home visitor in the use of this book, in how to get the mother to relate appropriately in the social and emotional realm, was missing as the booklet was distributed to other people.

So, try not to forget the ideas of basic trust when you are in the homes, and remember some of the research that Dick Bell has done where he shows that a young child who is firmly attached to his parents does better in cognitive activity. This attachment is emotional attachment. Though it is easy for evaluators and people providing the services to separate the cognitive and emotional realms, it is disas-

trous and a problem that you are going to have to deal with, I am sure.

A third type of problem is rigidity in the use of cognitive materials. We need to follow the horizontal decollage that Piaget talks about. We have to move out from the cognitive materials that we have and let the parent and child find the most appropriate match for their developing child. We cannot set up as a model one particular brand of cognitive stimulation or any other particular activity to be learned by the following week. We have had experiences in the past where the mother said to the home visitor, "I had the child up all night last night, because I knew you were coming back on Tuesday, and he hasn't accomplished a thing." There are some fascinating situations that go on in a home.

Another point which, I think, is also critical has to do with the whole idea of schooling and education (which I think caused the problem, particularly for the Head Start population in the past); I would recommend that you not set up formal methods of education in your home intervention program. Let's not try and set up another formal education situation for very young children. Schools have turned off many of the parents that you will be working with, and I would hope that home visitation is the way to bridge this block at the school door between "this is where the education begins," and "in the home there is not education." If your home visitation programs begin to move toward this formal setting-aside of time, I would view it as a problem and would hope that you would also.

A fifth problem that we have run into is that reinforcement, as created in the minds of the people who create the program, is often too exclusively child-centered, rather than being parent-centered. I mean by this that there is not enough joy and reward for the parents in doing some of these things. I think that a good example of parent reinforcement is *Sesame Street*; one of the major reasons that *Sesame Street* is popular is not because of its appeal to the children, but because of its appeal to the parents. It is a very amusing and rewarding show for them to watch. Especially when you begin your home visits, you need to take enjoyable and appropriate activities that the mother will like to do and those that will give her some early successes with her child. In so doing, you create this very critical reinforcement whereby a child is reinforcing the mother by smiles and hugs, and you have an enjoyable emotional state for doing early learning things. There are other ways to emphasize this reinforcement for the parent, including showing the parent how materials and activities can be used by the child in his cradle or a solitary place in a way that the child will sometimes be learning what would be used in other parts of the house in danger and trouble. You can also emphasize that siblings can interact with the children—not exclusively, because the adult/child reaction is the most important—but siblings do need to be involved in this activity and can then take some of the burden of day-to-day, full-time care off you, and in a very enjoyable way.

A sixth problem is to make sure that the definition of the role of the home visitor is not too narrow. The home visitor has to deal with many types of needs. Family needs are critical; the child's needs are not the only needs. If there is a disaster of social and economic reality in a family which saps motivation and energy, you are not going to expect the mother to play with purple ovals when some matter of life or death is causing her not to focus on them. We need to have the role of the home visitor defined as an advocacy approach so that the home visitor becomes a prepared advocate and can recommend services, etc.

As I speak of this particular problem, the next problem arises—namely, the difficult situation of dealing with dependency on our home visitor. We have many parents who become dependent on their home visitors. The home visitor could become a substitute mother or just a good friend who was never available before. This is not necessarily a bad thing. Many parents need to have this dependency. The problem arises when the home visitor needs to have this dependency and fosters it rather than moving on after an appropriate time, so that there is a transference and the mother is functioning on her own. It is gratifying to have someone dependent on you for support. Sometimes it takes an unbelievable amount of charity, as we have found out with our own professional staff who fostered this same type of dependency when they were training our paraprofessionals. It takes a great deal of maturity to make sure that what you are doing is not perpetuating dependency and making a person less potent.

An eighth problem is the exclusive use of a middle-class model of child-rearing. I think that some of the data that has been presented recently by the Urban League reports (coming out a month from now), which talks of the strength of extended families, helps us to see that there are many appropriate ways of parenting. A second point of interest here is that a great deal of the middle-class model is a myth. Many upper-class fathers spend only 37 seconds a day with their 3-month-old children. It is not appropriate for everyone. There are many models that we need to look at, and a number of articles have been written recently on ideas about home visiting and intervention.

A ninth problem is one that I find often with very good home visit programs. This problem is a disinterest in evaluation that is almost a refusal of the home visitor to take part in any type of evalua-

tion, or the idea that program directors can't spend time on it because it takes them away from the children. Two things need to be done. First, as expressed by Dr. Zigler, evaluation is important to OCD. Also, for any program to get funding, it will have to do evaluations. More important is the very real need to find out if what you are doing is good. Is it a myth? How often do you go in and see what is going on? These are evaluation needs also.

The tenth problem occurred even though we had numbers of in-service meetings where we talked to paraprofessionals; not until about a year after our home visit program started did we really get the trainers to submit to us some of the things that they thought they needed in in-service training. I have a list of some of the items that they wanted to have included in their training sessions.

(1) They needed more reading materials on other projects of this type. People wanted to know what was going on in other parts of the country.

(2) They wanted to talk with their group on a certain topic and tape-record it and then take apart their discussions, so that they would learn to be better able to speak in front of groups, because they wanted to take their methods to other communities.

(3) They hoped to build their vocabularies on words essential to the project.

(4) They wanted to learn to be more patient with mothers who dodged or missed appointments without a good or understandable explanation.

(5) They also wanted more films on child development.

(6) They wanted a short statement in everyday language of the aims and goals of the program.

(7) They wanted to have lecture sessions where the home visitors read about a subject the week before and gave the lectures on the subject to the rest of the staff.

(8) They needed to form some diplomatic way of informing the mother that an infant needs fewer people present during the training sessions and to know how to get mothers to understand that the baby's attention would be greater toward the child development activities if no one else was in the room.

(9) They requested more role playing by some unknown person or staff member so that they could explain the project.

(10) They wanted to bring in interesting articles from magazines, etc., concerning early childhood education to discuss with the group.

(11) They needed new ways to create enough interest to get all mothers to work with their babies between visits.

This gets back to some things that some of you have already experienced. As home visitors start out in programs, they are very enthusiastic. After a while as they get into the day-to-day activities, they see that the hours are long and the families don't cooperate as much as they thought they would, and they move from the enthusiasm they had in the beginning to a great deal of pessimism. In order to work with this situation, you need in your early pre-service and in-service training to make sure that you don't blow your horn too loudly and tell your home visitors all the things they can accomplish very quickly. If you do, it's not true and they will be frustrated and dejected. And many times, they will think that they are failing, when they are actually succeeding.

I am emphasizing what Mr. Orton has said again here. This is a final problem which not just home visit projects, but all projects, have—a lack of understanding of the limits of the program. For this particular program, a lack of understanding puts a limit on the home visit program. Home visitation is only one type of early childhood intervention. Some people must be away from their children because of economic reasons. It is unrealistic to expect them to stay home for the program. Other people need relief from child care from time to time. Others see that their adult role as a parent demands more than just time. In order to actualize themselves, they have to do other things. So others feel, and I agree with them, that it is in quality and not in quantity where your actions are important between the parent and child. Please help OCD to help the Congress see that many different kinds of day-care centers need to be encouraged. The role of the home visitor should be to help the family find that particular kind of service which is geared to the changing family needs that we know are absolutely real and may differ greatly.

I conclude, therefore, by asking you again to think about this as a major consideration. Home Start is taking into account the parent in the whole process of learning, but let's not do what Mr. Orton warned us against, and try to make Home Start a panacea. Let's realize that there are other needs that families have. The centers are still necessary for some people, but all kinds of family day-care arrangements can be made. Home Start can be one of them.

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